

Name
in
Full

Maier M. Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		County		MARYLAND	
Date of death	1901	Month	Apr	Day	13	Age	Years <i>accy</i>
Sex	Female	Color or Race	White	Birth-place	Cambridge	Months	7
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—			Name of Wife or Husband —			
Father's Name	Peter Beck				Father's Birthplace N. Y.		
Mother's Maiden Name	Bell. Wanger.				Mother's Birthplace Pa		
Name of person giving information	Peter Beck				How related to deceased Father		

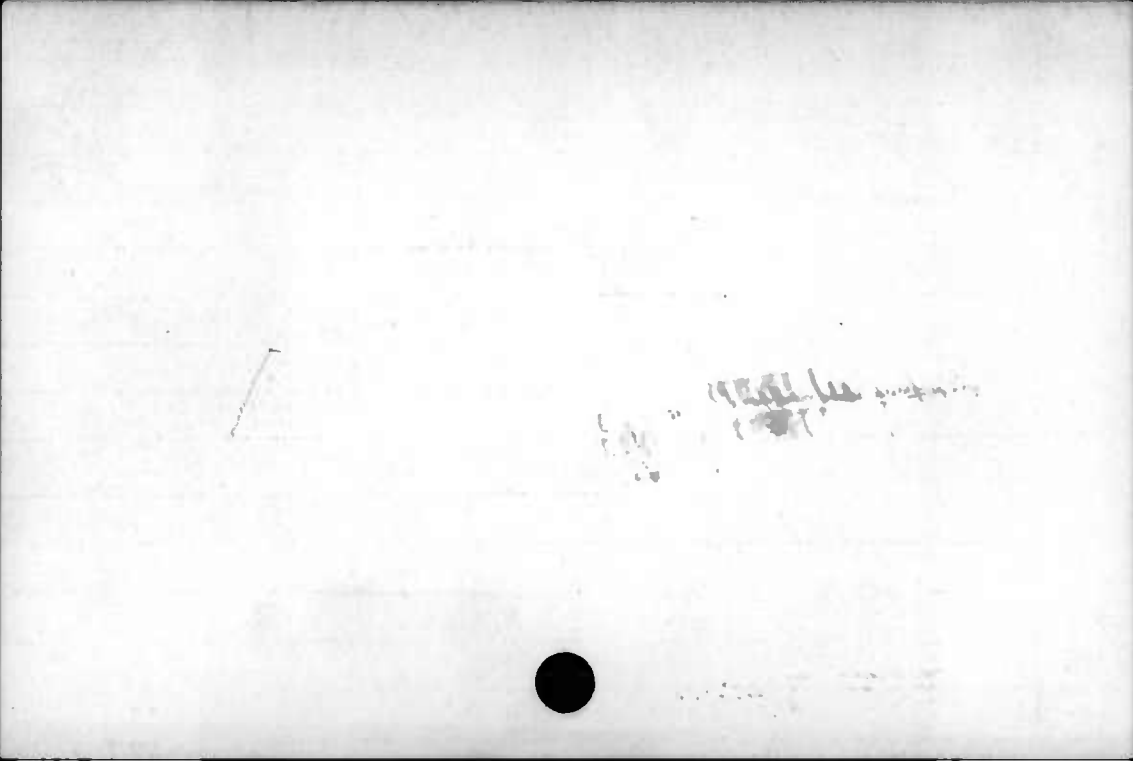
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Erysipelas</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. Ross/Koon</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			

116 First St.

Name in Full		Catharine Boechert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		County		Calegany
	Date of death		1905	Apr	26	Age	75
	Sex		Female		Color or Race		White
	Occupation		Housewife		Birth-place		Germany
	Where Residing if not at place of death						
	Married, Single or Widowed		Widow		Name of Wife or Husband		
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		J. A. Stein					
		CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Pneumonia		(93)		How long
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Thos. Koon
	Address		50 Kopehn		Address		Cumberland Md.
	Accident or Suicide?						



Name
in
Full

infant George H Bruckey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at lumb Town anyh County

Date of death 1905 apr Month 27 Day Age - Years Months - Days -

Sex Female Color or Race White Birth-place lumb

Occupation Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name George H Bruckey Father's Birthplace md

Mother's Maiden Name Wesmore Humbertson Mother's Birthplace md

Name of person giving information George H Bruckey How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Birth How long -

Immediate Prematurity How long -

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

J. H. [Signature]

Accident or Suicide?



Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Vale Summit* ^{Town} *Allegheny* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *4* ^{Day} *14* ^{Years} *77* ^{Months} *6* ^{Days} *5*

Sex *male* Color or Race *caucasian* Birth-place *Scotland*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *widowed* Name of Wife or Husband *Agnes McCauley*

Father's Name *—* Father's Birthplace *Scotland*

Mother's Maiden Name *—* Mother's Birthplace *Scotland*

Name of person giving information *Adam Brown* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Semibility* *154* How long *6 months*

Immediate *4* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. M. Miller*

Address *Frostburg Md*

2 ~~Accident or Suicide?~~



Name
in
Full

No 1

Kathleen Brum

CERTIFICATE OF DEATH

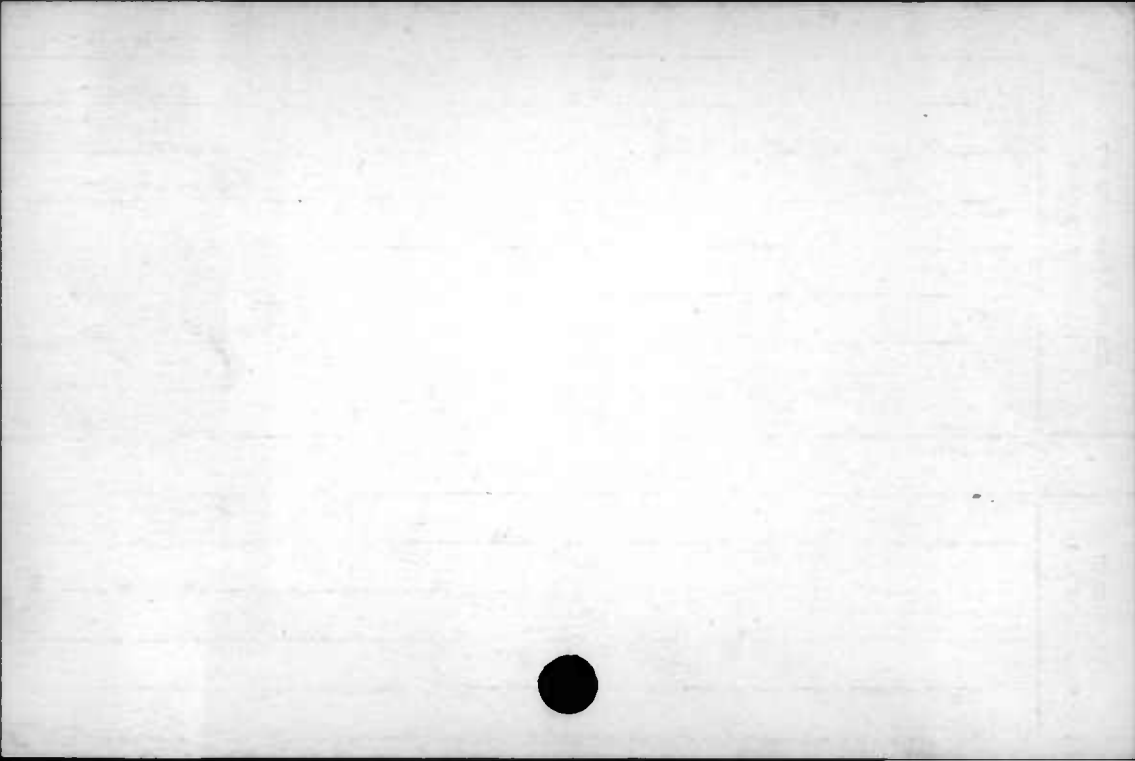
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>12</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2 hours</i>
Sex <i>Female</i>		Color or Race <i>White</i>			Birth-place <i>Cumberland Md.</i>		
Occupation <i>none</i>				Where Residing if not at place of death <i>Cumberland Md.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Harold Brum</i>				Father's Birthplace <i>Cumberland Md.</i>			
Mother's Maiden Name <i>Mary Teresia Kothman</i>				Mother's Birthplace <i>Cumberland Md.</i>			
Name of person giving information <i>" " "</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>—</i>	
Immediate <i>Prematurity</i>		How long <i>6 1/2 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. N. Jackson</i>	
		Address <i>Cumberland Md.</i>	
Accident or Suicide?			



Name
in
Full

(Still Born)

Kestner Brunt No 2 -

CERTIFICATE OF DEATH

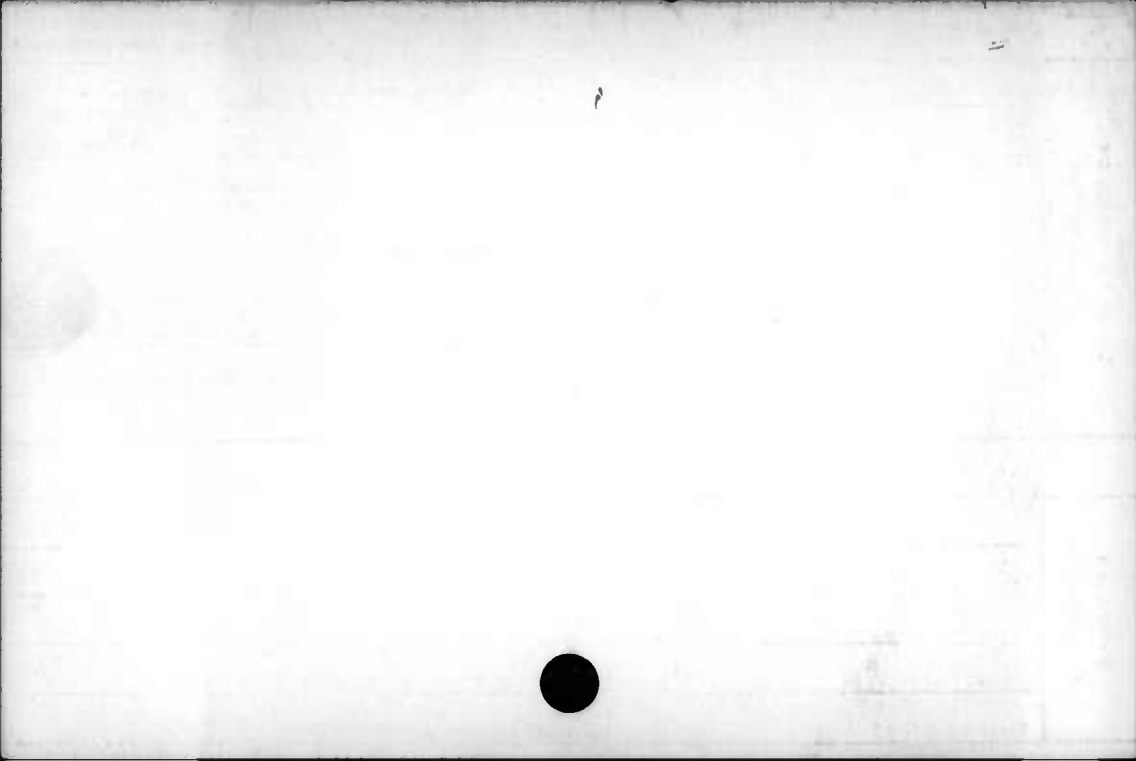
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>4</u>	Day <u>15</u>	Age <u>Still Born</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland Md</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Howard Brunt</u>			Father's Birthplace <u>Cumberland Md</u>		
Mother's Maiden Name <u>Mary Teresia Kestner</u>			Mother's Birthplace <u>Cumberland Md</u>		
Name of person giving Information			How related to deceased <u>Married</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dying</u>	How long
Immediate <u>Prematurity</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Zuckerman</u>
	Address <u>Cumberland Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

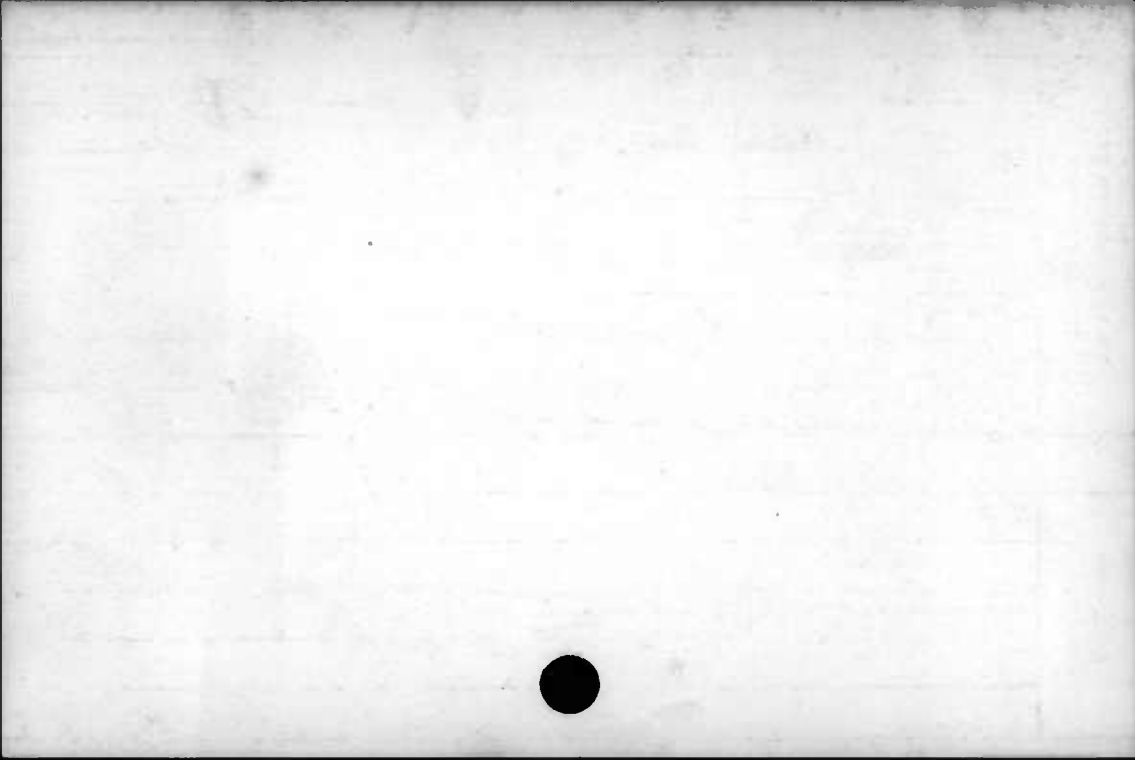
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Barrie Olive Cain</i>		Town <i>Cammd</i>		County <i>accy</i>		MARYLAND	
Died at <i>Cammd</i>		Month <i>Apr</i>		Day <i>6</i>		Age <i>4</i>	
Date of death <i>1905</i>		Month <i>Apr</i>		Day <i>6</i>		Age <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cammd</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clarence Cain</i>		Father's Birthplace <i>Berkeley Spz</i>					
Mother's Maiden Name <i>Edith Thompson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Clarence Cain</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melaina.</i>		How long <i>2 ds.</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr E B Claybrooke</i>	
<i>Berkeley Spz W2</i>		Address <i>Claybrookland Stein</i>	
Accident or Suicide?		<i>Md</i>	



Name
in
Full

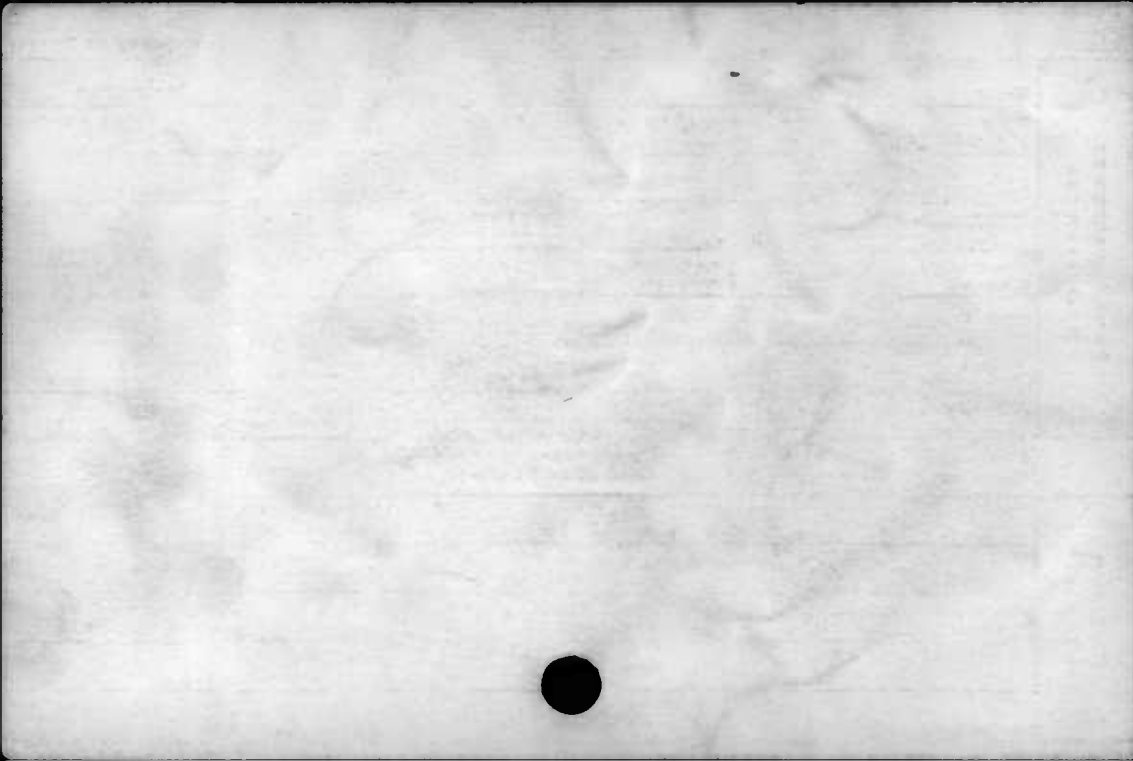
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death	1905	Month	April	Day	2
Age	60	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Ta
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clowden			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	G. S. Pether			How related to deceased	

CAUSES OF DEATH

Primary	How long
Immediate	How long
Died at table eating breakfast	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dillon

Died at <u>Frostburg</u> <small>Town</small>		<u>Alley</u> <small>County</small>		MARYLAND	
Date of death	<u>1905 Apr. 20</u>	Age	<u>—</u>	Months	<u>8</u> Days
Sex	<u>M</u>	Color or Race	<u>W</u>	Birthplace	<u>Frostburg</u>
Occupation	<u>—</u>				
Married, Single or Widowed	<u>—</u>				
Father's Name	<u>Freddie Dillon</u>			Father's Birthplace	<u>Frostburg</u>
Mother's Maiden Name	<u>Lettie Dando</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>Self</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cop Bronchitis</u>	How long	<u>3 days</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>L. H. Griffith</u>
		Address	<u>Frostburg</u>
Accident or Suicide?	<u>—</u>		

Stone
Catholic Cemetery —

Name
in
Full

Edith Marie Donald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> ^{Month}	<u>April</u> ^{Day}	<u>6</u> ^{Day}	Age <u>1</u> ^{Years}	<u>9</u> ^{Months}	<u>17</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonaconing Md</u>			
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>John A. Donald</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Jane Donald</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs Mary J. Donald</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute indigestion</u>	How long <u>three hours</u>
Immediate <u>Heart failure</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Skilling M.D.</u>
	Address <u>Lonaconing Md</u>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert - Hough & Co -

Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland*

Date of death *1901* Month *April* Day *2* Age *20* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Va.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name *Emmery* Mother's Birthplace *Va.*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fell from Car* How long *5 hours*

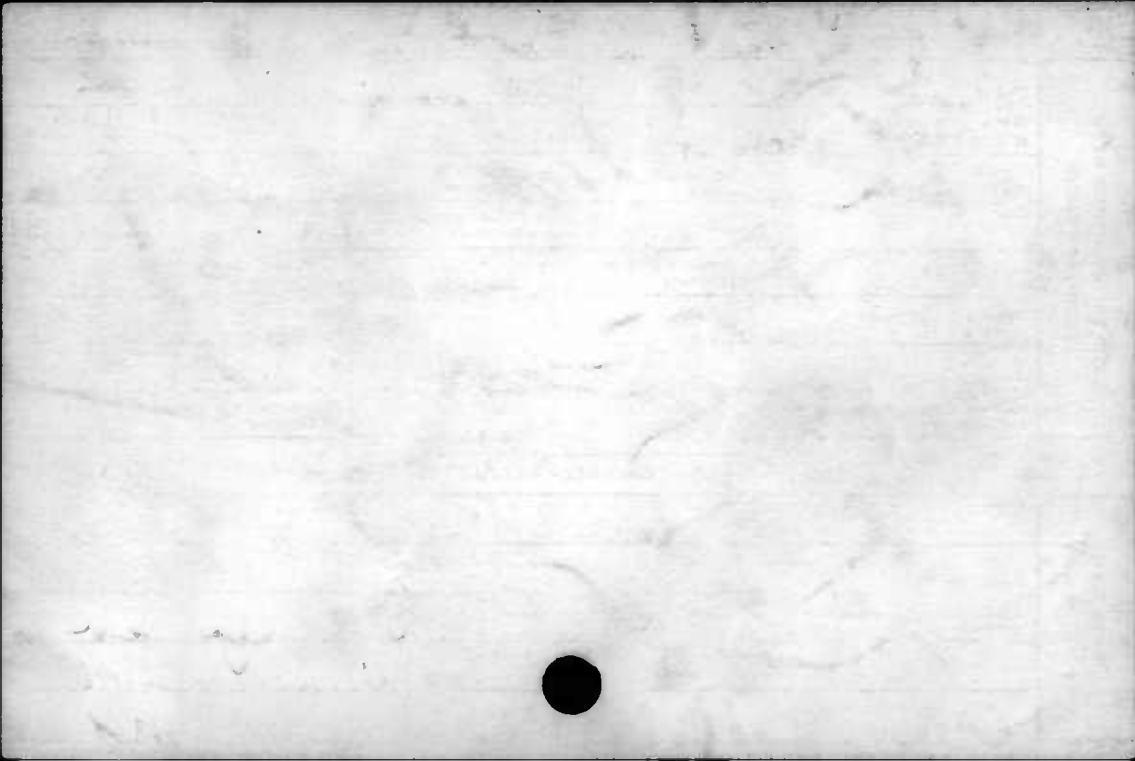
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician *J. M. Spear*

Address *Cumberland Md*

Accident or Suicide? *Chaybrook*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1905

Month

April

Day

13

Age

79

Years

Months

4

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Juliana Lear

Father's
Name

Unknown

Father's
Birthplace

—

Mother's
Maiden Name

Unknown

Mother's
Birthplace

—

Name of person giving
In formation

J. H. Eichner

How related
to deceased

Son

CAUSES OF DEATH

Primary

Apoplexy

How long

Immediate

Immediate

Paralysis

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

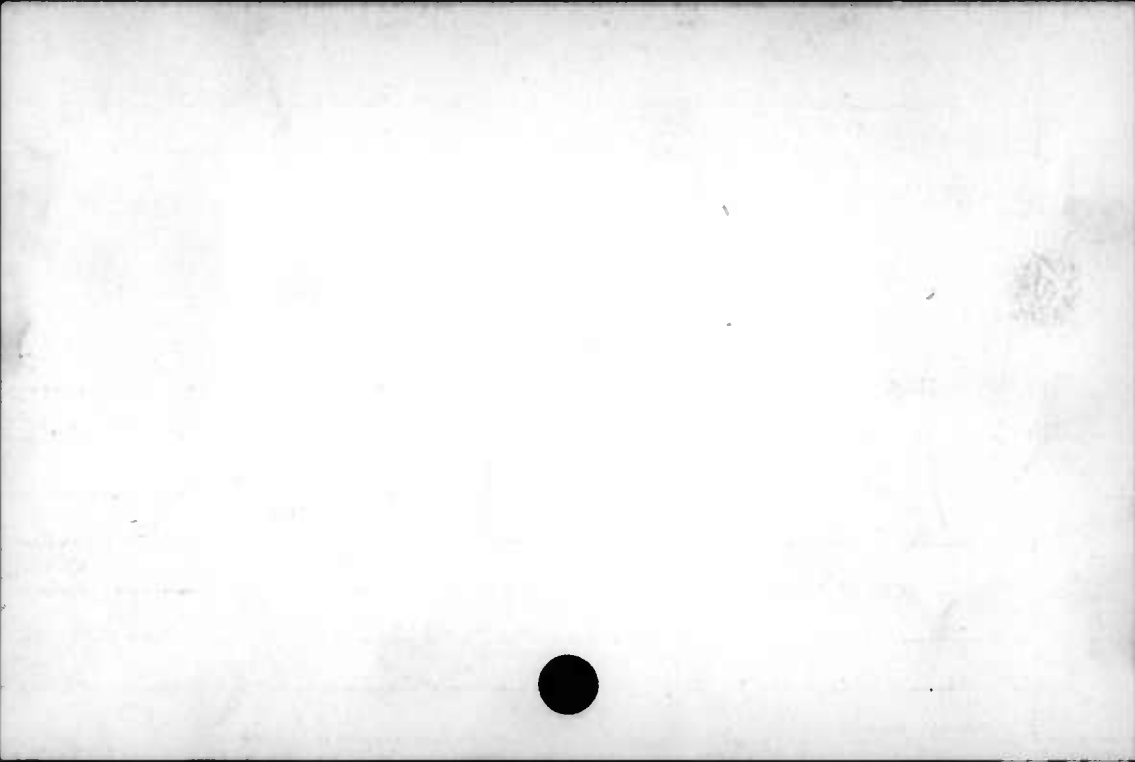
C. H. Brace M. D.

Address

Cumber Md

PHYSICIAN
OR CORONER

Accident, Neglect, Suicide, Homicide, or Undetermined



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Apr.</i>	Day <i>11</i>	Age <i>61</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information <i>Louis Stine</i>			How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pleuro Pneumonia</i>	How long <i>6 wks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. H. White</i>
	Address <i>Cumberland Stein White Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Year	Months	Days
1901		Apr	12	81	5	4
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name		Phillip Wolfe		Father's Birthplace		
Mother's Maiden Name		—		Mother's Birthplace		
Name of person giving information		Andrew Engel		How related to deceased		
				Son		

CAUSES OF DEATH

Primary	Smile Schilthy Eating - enters with	How long	10 weeks
Immediate	Exhaustion	How long	Smoking
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Address	
J. C. Ober		Fiorthing, Md	
Accident or Suicide?		No	

PHYSICIAN
OR CORONER

Trusting Yours & Kind Ex

Name
in
Full

Leuita Ferrow

CERTIFICATE OF DEATH

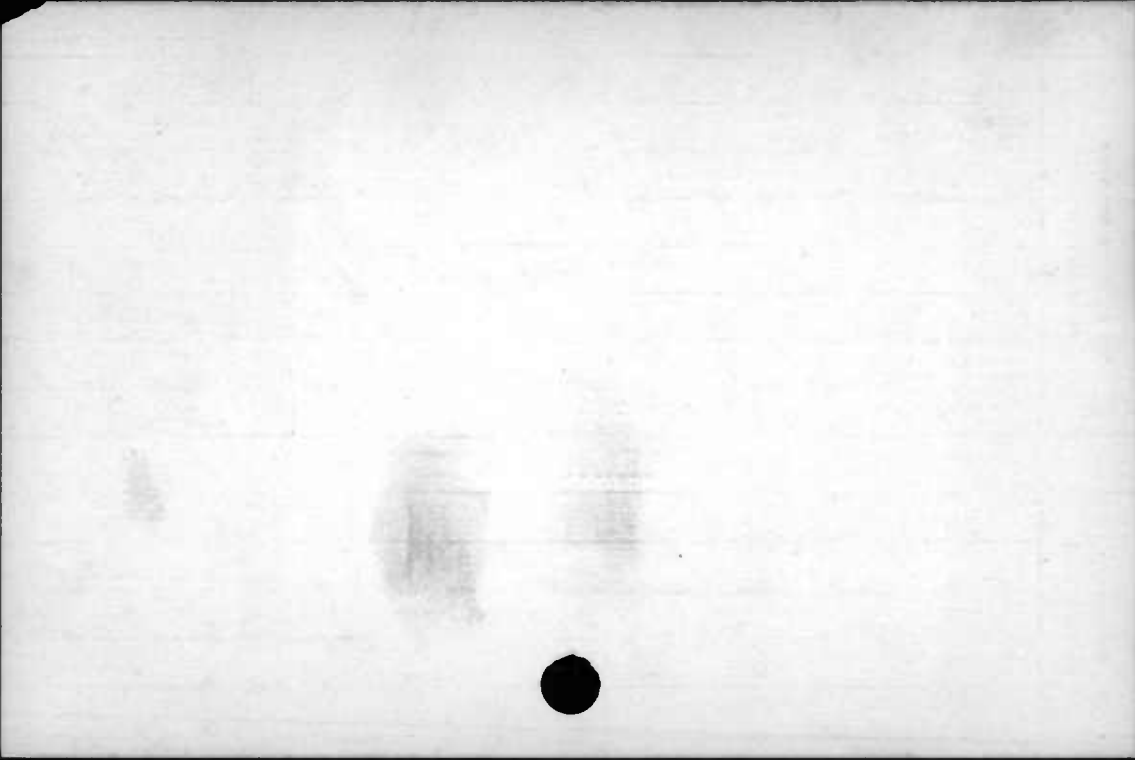
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1905</i>		Month <i>Apr</i>	Day <i>5</i>	Age <i>20</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Female</i>			Color or Race <i>White</i>			Birth-place <i>Rush Md</i>		
Occupation <i>Wife</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Mrs Ferrow</i>					
Father's Name <i>-</i>						Father's Birthplace		
Mother's Maiden Name <i>Annie E Wilson</i>						Mother's Birthplace <i>Rush Md</i>		
Name of person giving information <i>Chas Wilson</i>						How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3</i>
Immediate <i>Typhoid intoxication</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr E B Claybrooke</i>
<i>Rush</i>	Address <i>Cumberland Stein Md.</i>
Accident or Suicide?	



Name in Full		Fitzinger				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Eckhart</u>		Town <u>Alley</u>		County		MARYLAND			
	Date of death <u>1905 Apr</u>		Month <u>22</u>		Day		Age <u>71</u>		Years <u>9</u>	
	Sex <u>M</u>		Color or Race <u>W</u>		Birth-place <u>Eckhart</u>		Months		Days	
	Occupation				Where Residing if not at place of death					
	Married, Single or Widowed <u>Single</u>				Name of Wife or Husband					
	Father's Name <u>Herman Fitzinger</u>				Father's Birthplace <u>Germany</u>					
PHYSICIAN OR CORONER	Mother's Maiden Name <u>Housworth</u>				Mother's Birthplace <u>Germany</u>					
	Name of person giving information <u>Self</u>				How related to deceased <u>None</u>					
	CAUSES OF DEATH									
	Primary <u>Think it had Convulsion</u>				How long					
Immediate				How long						
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>[Signature]</u>						
				Address <u>[Signature]</u>						
Accident or Suicide?										

60m

Estimate. Quincy —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry Freeland		Town Chamberland		County Allegany		MARYLAND	
Died at		Month Apr		Day 11		Age 2	
Date of death 1905		Sex Male		Color or Race White		Birth-place Amud	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name B. F. Freeland		Father's Birthplace W Va.					
Mother's Maiden Name May Frealey		Mother's Birthplace					
Name of person giving information B. F. Freeland		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus	How long 51
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr E B Claybrooke
Address Terre alta	Address Chamberland
Accident or Suicide? No	Address W Va

171 Arch St.

Name
in
Full

Joseph Gell

CERTIFICATE OF DEATH

Town

County

Died at

Longacorn

Alligany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

April

22

Age

1

2

14

Sex

Male

Color or
Race

White

Birth-
place

Longacorn

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

John Gell

Father's
Birthplace

England

Mother's
Maiden Name

Ellen Cunningham

Mother's
Birthplace

Frothingham

Name of person giving
In formation

Mrs. John Gell

How related
to deceased

Mother

CAUSES OF DEATH

Primary

How long

Immediate

Bronchitis Pneumonia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

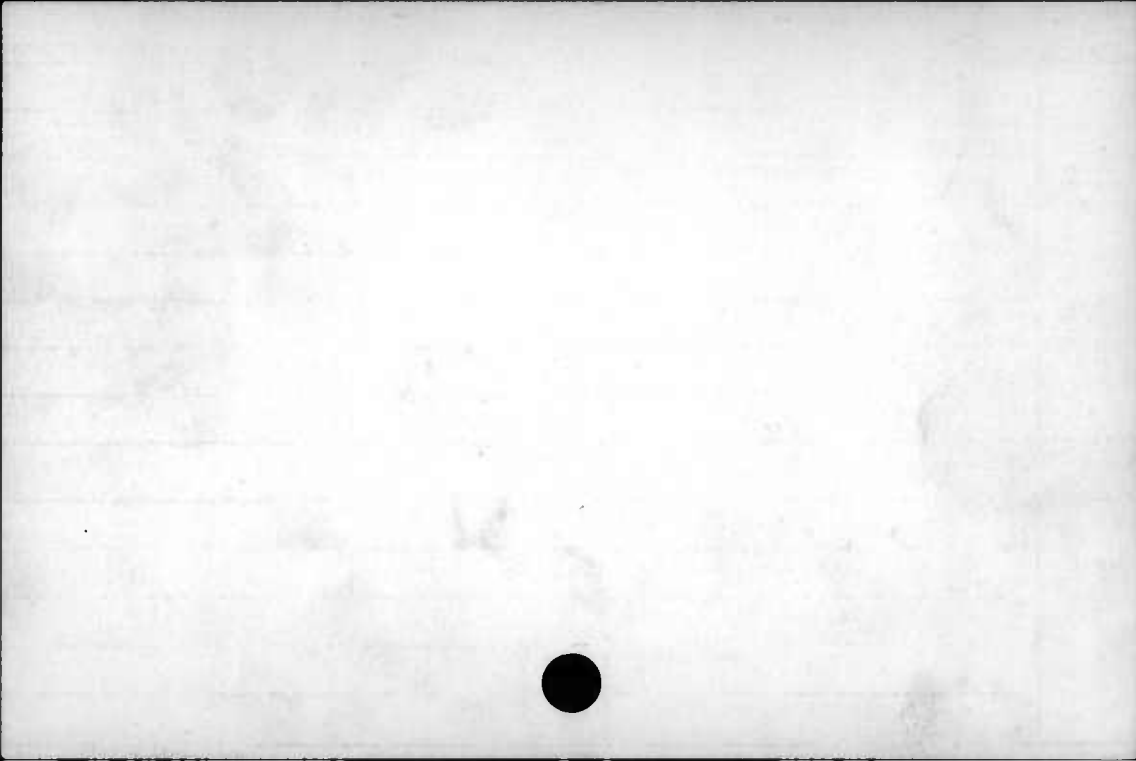
Address

Henry M. Bodys

Longacorn Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George Hittan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>17</i>	Age <i>55</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>W Va</i>				
Occupation <i>miner</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William Hittan</i>						
Father's Name <i>Joshua Hittan</i>	Father's Birthplace <i>W Va</i>						
Mother's Maiden Name <i>?</i>	Mother's Birthplace <i>W Va</i>						
Name of person giving information <i>Hy. Able</i>	How related to deceased <i>uncle</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis - Pneumonia</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Frier</i>
	Address <i>Frostburg W. Va.</i>
Accident or Suicide?	

97m



Name
in
Full

Helean Hite

CERTIFICATE OF DEATH

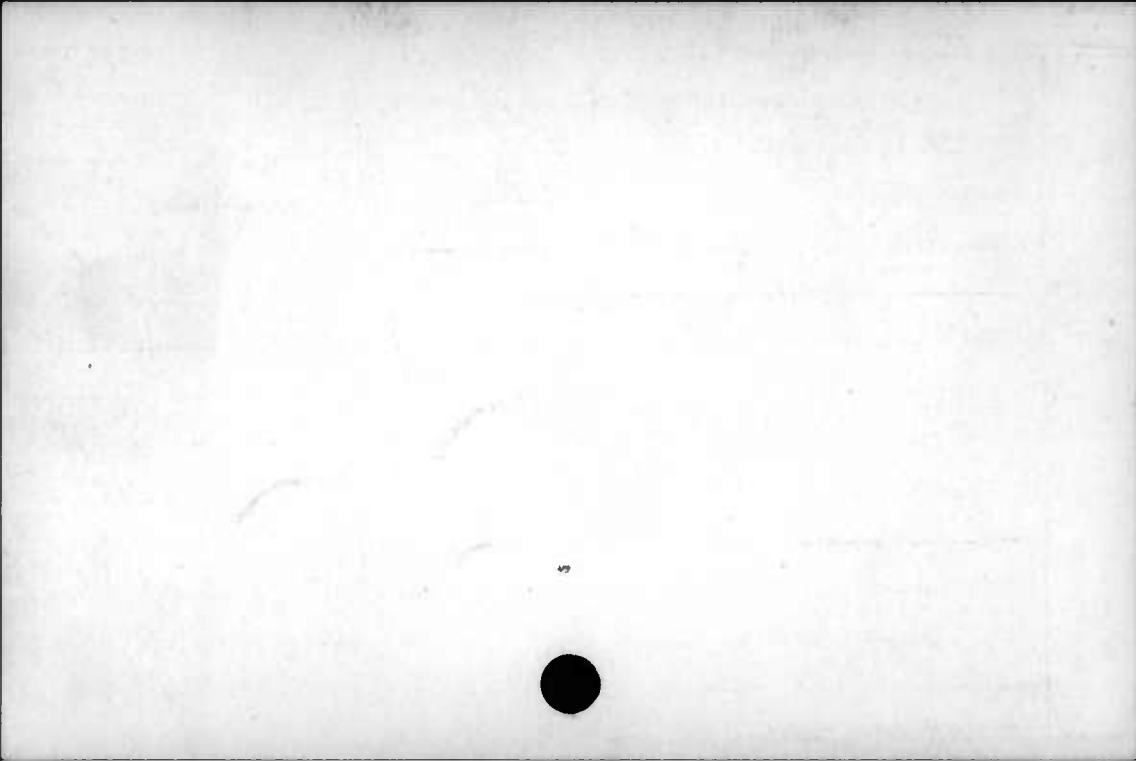
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1900	Month	Apr.	Day	29
Age		Years		Months	Days
22					
Sex	Female		Color or Race	White	
Occupation			Birth-place		
			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Single			—		
Father's Name			Father's Birthplace		
Charles Hite			md		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
Charles Hite			Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Emphysema</i>	How long	<i>7</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. Thos Korn	
		Address	
		Chamberland	
		Md.	
Accident or Suicide?			




Name
in
Full

William Humbertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Horsburg		County Allegany		MARYLAND	
Date of death	1905	Month 4	Day 17	Age	Years 74	Months —	Days —
Sex	M.		Color or Race	W.		Birth- place	Md.
Occupation	Carpenter			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Mary C. Humbertson			
Father's Name	William Humbertson			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Geo. H. Keene					How related to deceased	
						Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Regurgitation		How long	5 yrs
Immediate	- Dropsy, Incompetence		How long	3 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		D. H. M. Lane Horsburg Md		
Accident or Suicide?				

John

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1901

Age

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

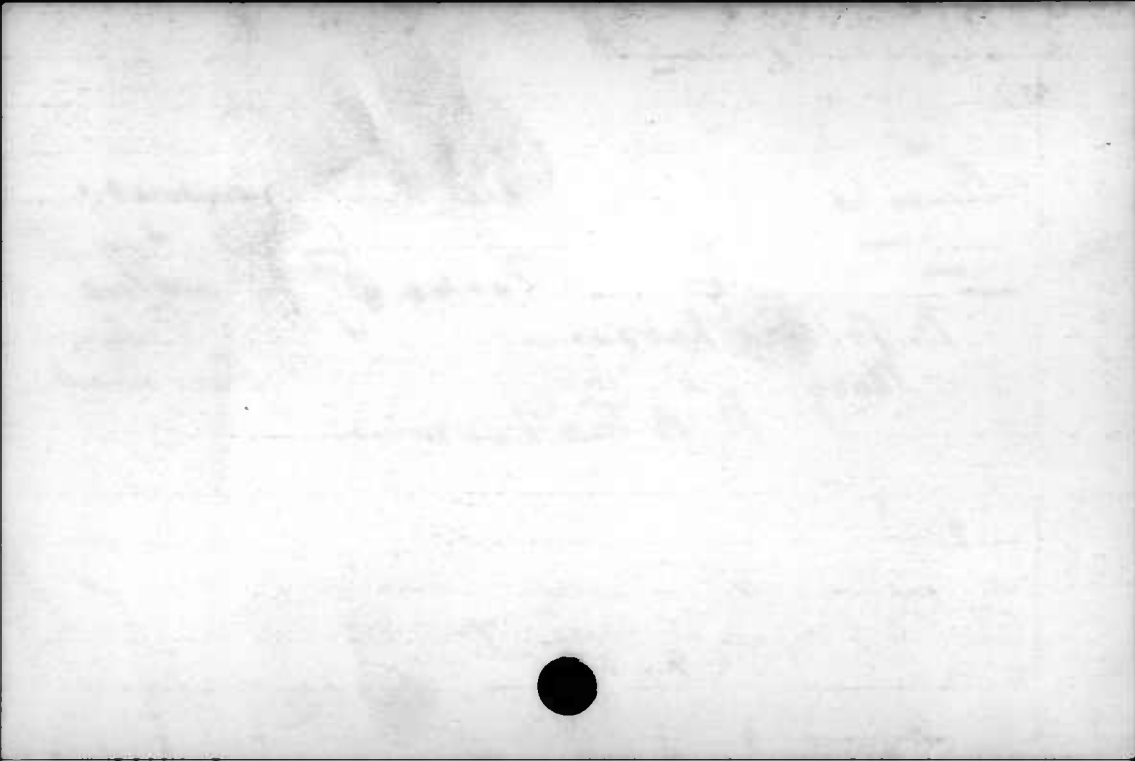
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

W. L. B. Johnson

CERTIFICATE OF DEATH

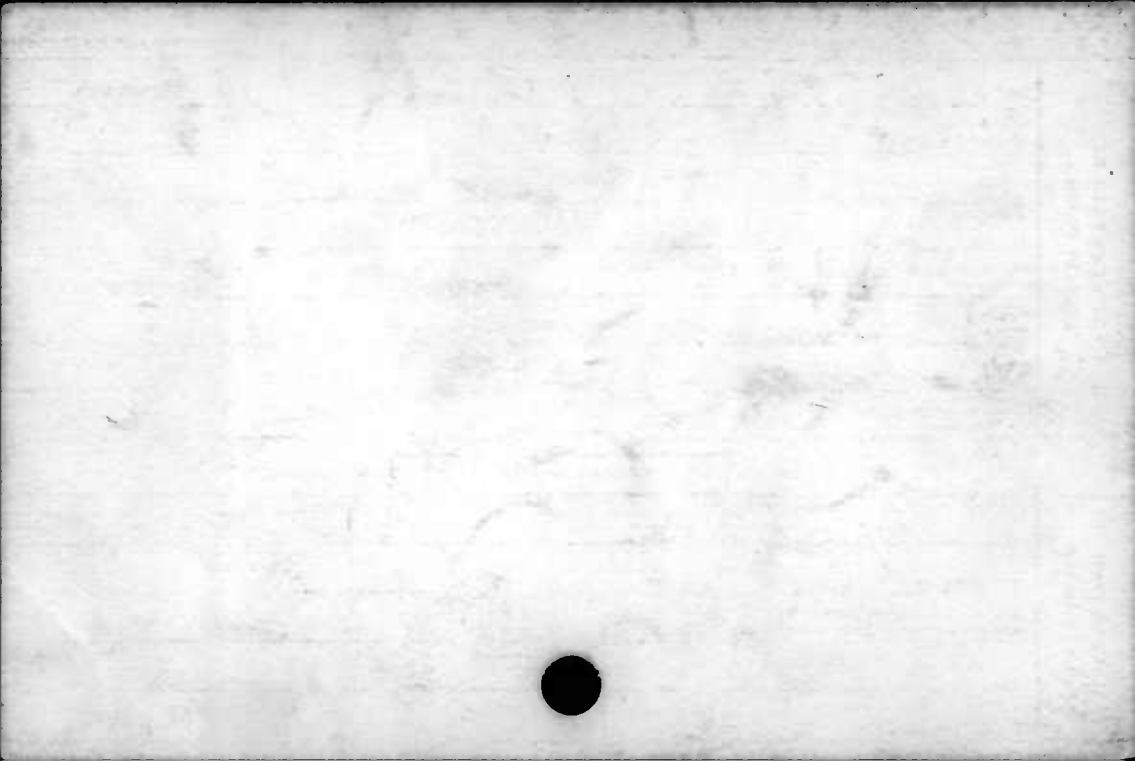
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Allegh.		County		MARYLAND	
Date of death		1905		Apr		24		Age 26	
Sex		Female		Color or Race		White		Birth-place	
Occupation		—		Where Residing if not at place of death		—		Fairmont.	
Married, Single or Widowed		Single		Name of Wife or Husband		Hattie E. Johnson		—	
Father's Name		W. B. Hickerson		Father's Birthplace		—		—	
Mother's Maiden Name		Mary		Mother's Birthplace		Fairmont		—	
Name of person giving information		W. B. Hickerson		How related to deceased		—		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	2 Pelvic Abscess	How long	10 days
Immediate	1 Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. B. Franklin	
		Address	
		Cumberland	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brown* Town *Alle* CountyDate of death *1905* Month *April* Day *4* Age *2* Years Months DaysSex *Female* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name *James P Kelly*Father's Birthplace *Md*Mother's Maiden Name *Mary G. Seifus*Mother's Birthplace *Md*Name of person giving information *James P Kelly*How related to deceased *Father*

CAUSES OF DEATH

Primary *Insanition*
Exhaustion

How long

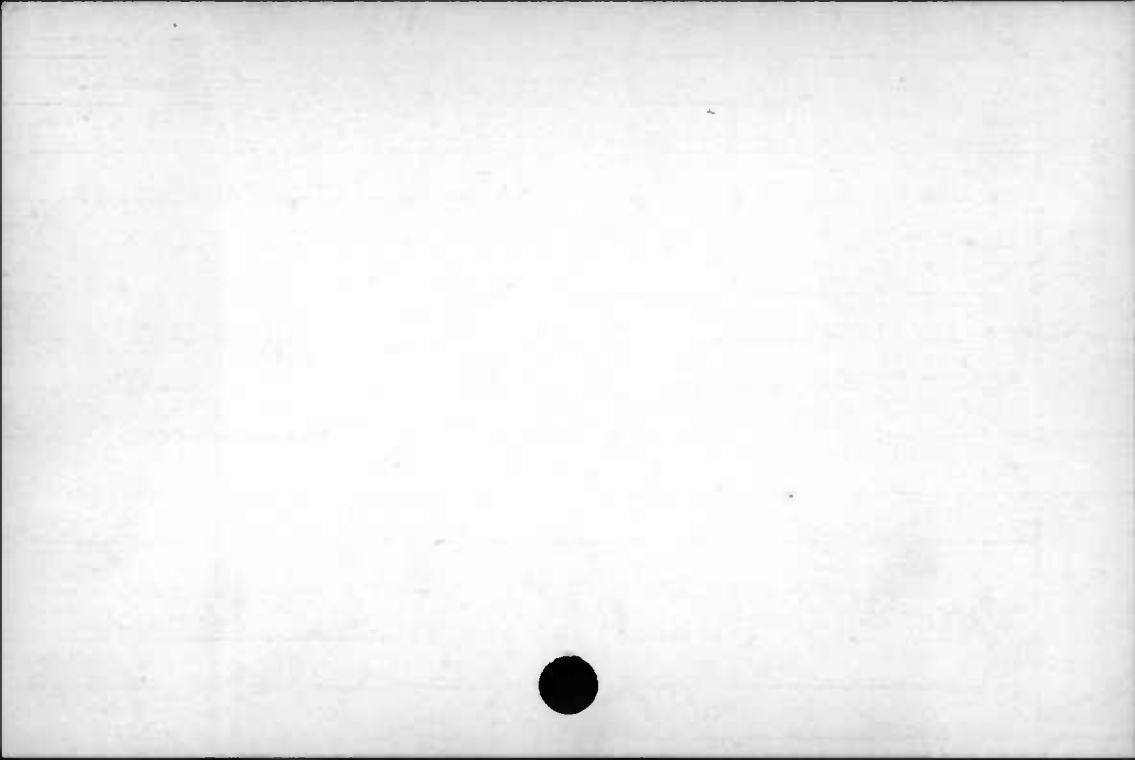
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Elosie King

CERTIFICATE OF DEATH

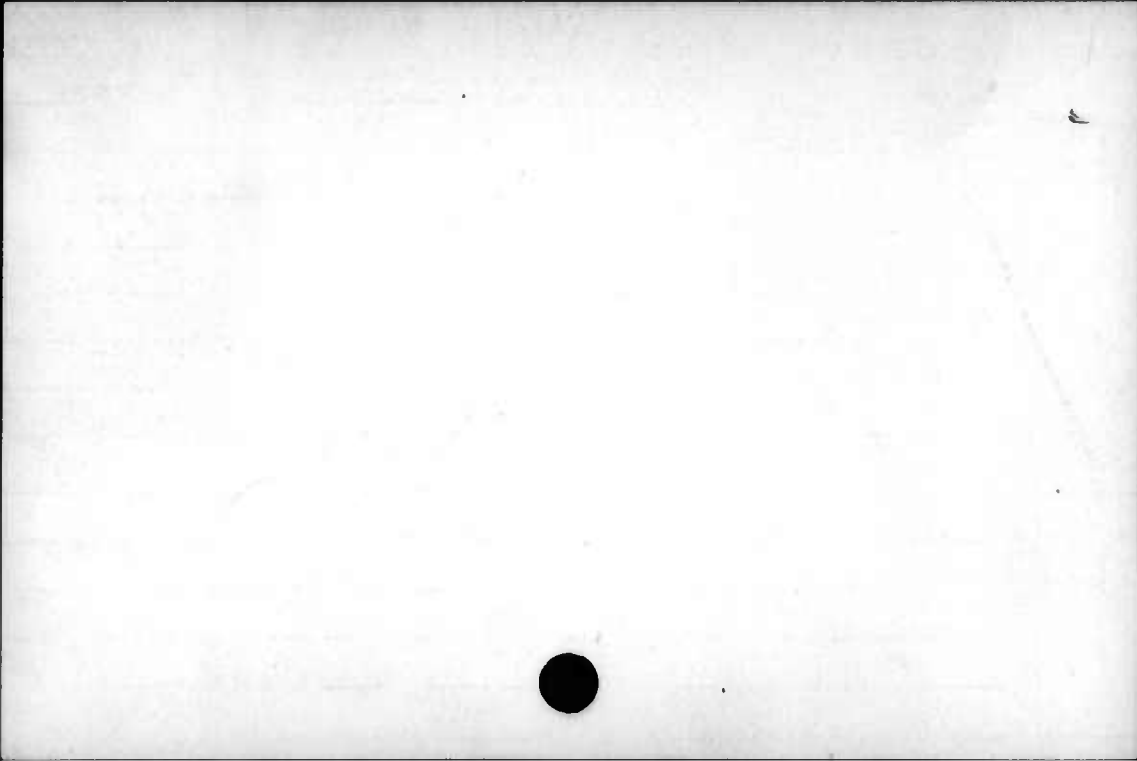
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumuld</i>		Town <i>alluy</i>		County		MARYLAND	
Date of death	1905	Month	Apr	Day	28	Years	17
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumuld</i>		Months <i>-</i>	
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Alexandria King. Dec.</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Robert King</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long
Immediate	<i>Pulmonary Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr A H Hawkins</i>
		Address <i>101 Chamberland</i>
Accident or Suicide? <i>-</i>		<i>Md.</i>



Name

in
Full

CERTIFICATE OF DEATH

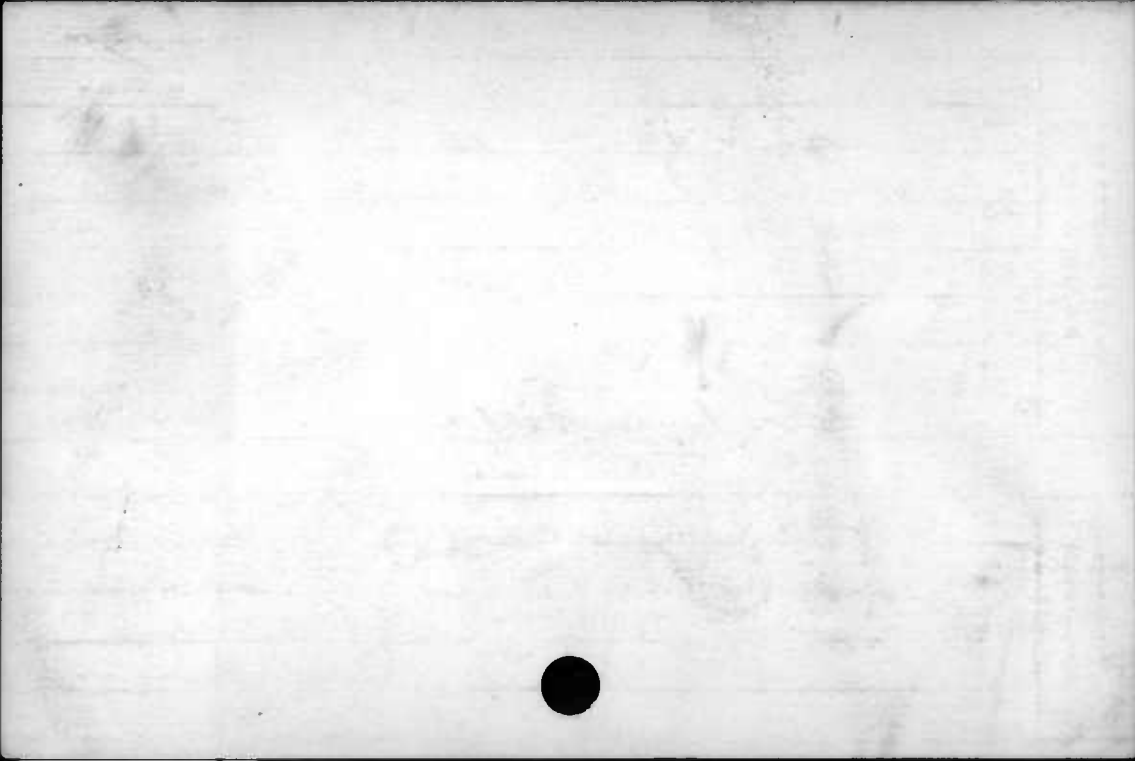
TO BE ANSWERED BY
NEAREST FRIEND

Anna Josephine Kolberg
 Died at Westport Town allington County
 Date of death 1905 Month 4 Day 14 Age 70 Years Months - Days 26
 Sex Female Color or Race White Birth-place Germantown
 Occupation Housekeeper Where Residing if not at place of death
 Married, Single or Widowed Widow Name of Wife or Husband August Kolberg
 Father's Name Father's Birthplace
 Mother's Maiden Name Mother's Birthplace
 Name of person giving information Mrs Lynn Slickle How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Asthma How long 15 years
 Immediate Bronchitis 190 How long 5 or 6 days
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician E. J. Parsons
 Address Westport
 Accident or Suicide? ☒



Name
in
Full

Katherine Larkins

CERTIFICATE OF DEATH

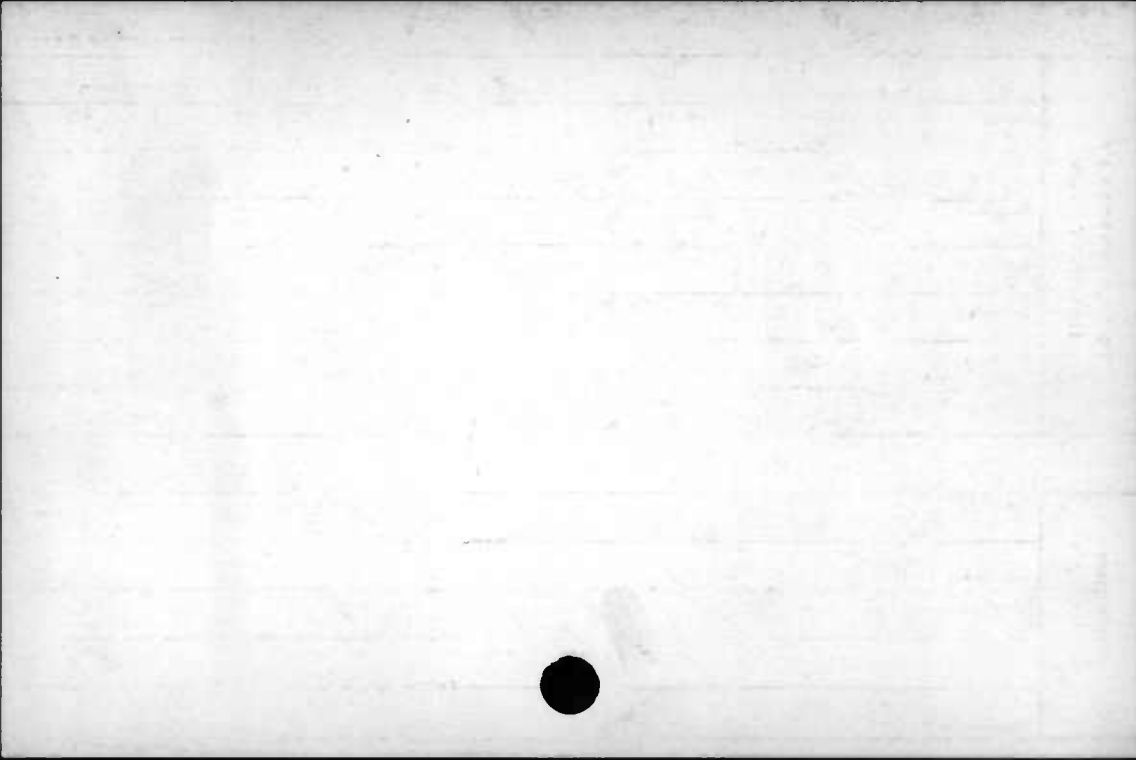
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summit</i>		Town <i>allcy</i>		County		MARYLAND		
Date of death	1905	Month	Apr	Day	5	Age	86	
Sex	Female		Color or Race	White		Birth-place	Ireland	
Occupation	—		Where Residing If not at place of death				—	
Married, Single or Widowed	Widow		Name of Wife or Husband				—	
Father's Name	—		Father's Birthplace				—	
Mother's Maiden Name	—		Mother's Birthplace				—	
Name of person giving information	Mrs George D Landwehr				How related to deceased			Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile decay</i>		How long	<i>54</i> months
Immediate	<i>Exhaustion</i>		How long	<i>15</i> days
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>C. H. Brace</i>	
			Address	
			<i>Annabnd Md</i>	
Cause of Death or Suicide?				



Name
in
Full

Bridget Laddy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Eckhart Mines

Town

Allegheny

County

Date of death 1905 April

Month

21-

Day

Age 79

Years

Months 9

X X -

Days

Sex Female

Color or Race White - Irish

Birth-place Ireland.

Occupation Housewife

Where Residing if not at place of death Eckhart Mines Md.

Married, Single or Widowed

Name of Wife or Husband Laddy Owen Laddy.

Father's Name Patrick Mc Hugh

Father's Birthplace Ireland

Mother's Maiden Name Helen Mc Hugh

Mother's Birthplace Ireland.

Name of person giving information Ann Rourke

How related to deceased Sister

CAUSES OF DEATH

Primary Old age.

How long

Immediate Drunk

How long 6 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Bm Cromwell

Address

Eckhart Mines

Md.

Accident or Suicide?

Isom

Catlin's

Name
in
Full

Edna K Lookabaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

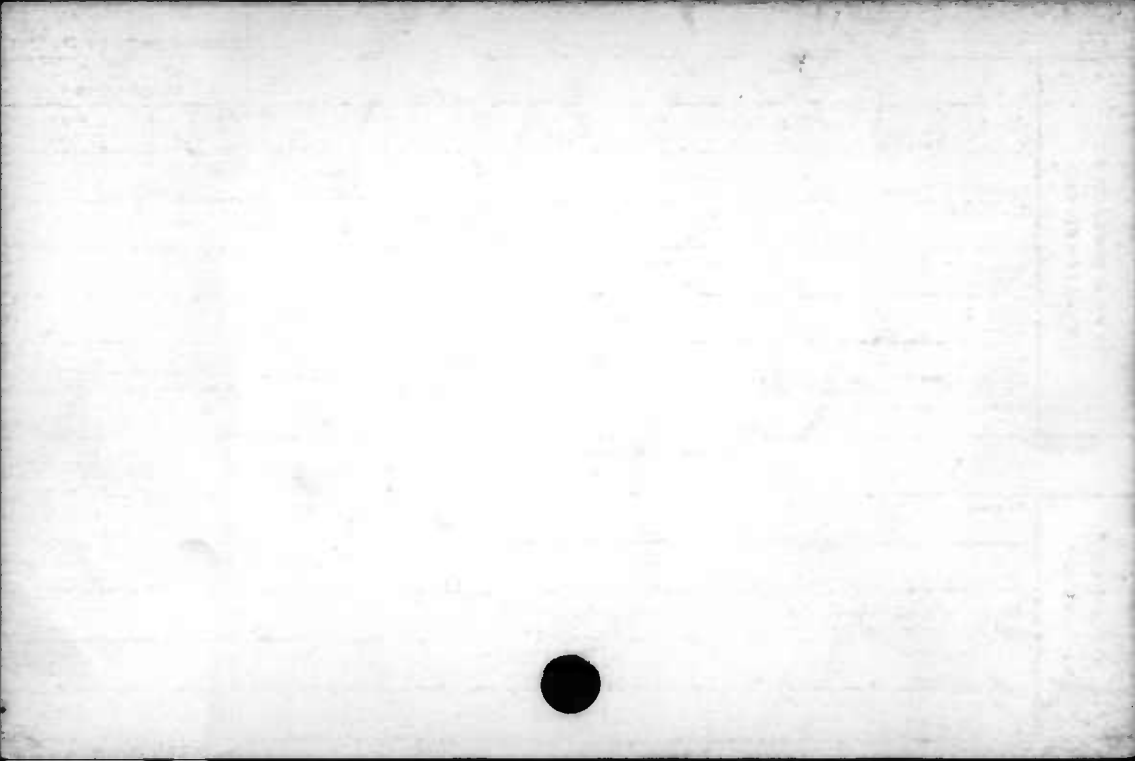
Died at Cumberland Al County
Date of death 1905 Apr 11 Age 11 Months 10 Days
Sex Female Color or Race White Birth-place Cumt Md
Occupation _____ Where Residing if not at place of death _____

~~Married, Single or Widowed~~ Name of Wife or Husband _____
Father's Name John W. Lookabaugh Father's Birthplace _____
Mother's Maiden Name Ann Mother's Birthplace _____
Name of person giving information Mother How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia & bronchitis 93 How long 10 days
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Thos. M. Travis
Address Cumt Md
Yes Accident or Suicide? _____



Name
in
Full

Mrs P. P. Lupton

CERTIFICATE OF DEATH

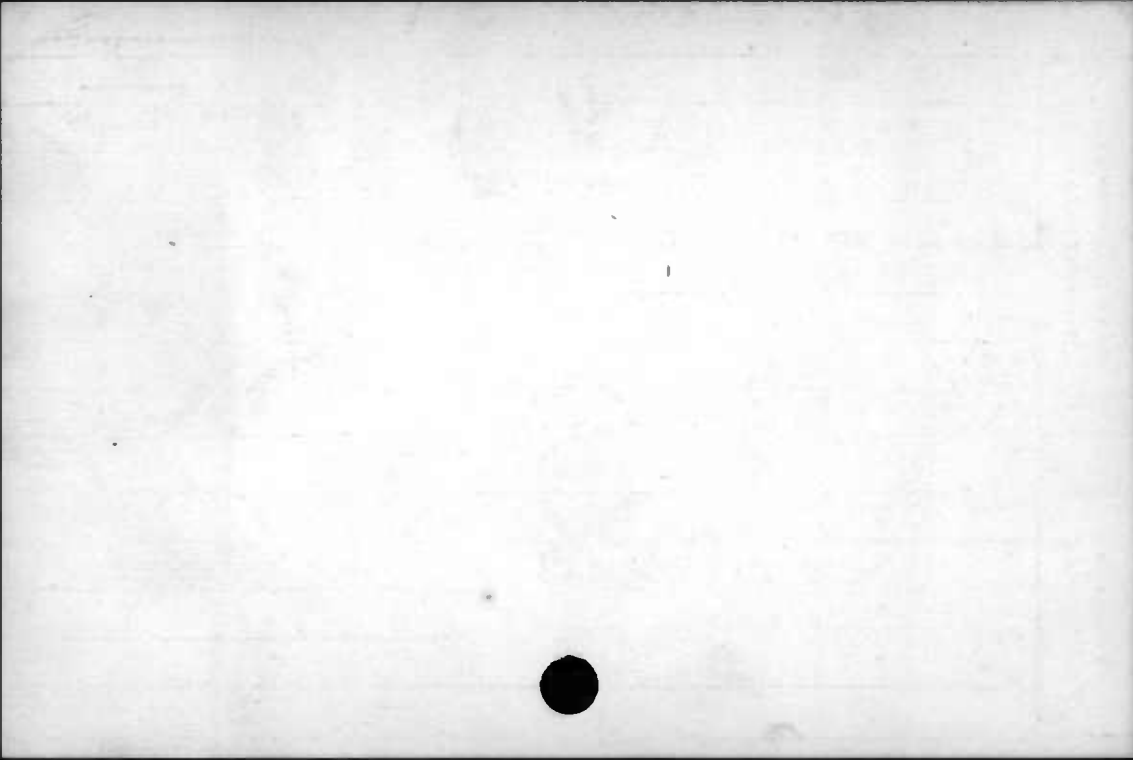
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buried</u> Town			County <u>Allegh</u>			MARYLAND		
Date of death <u>1905</u>		Month <u>April</u>	Day <u>3</u>	Age <u>69</u> Years		Months <u>-</u>		Days
Sex <u>Female</u>			Color or Race <u>White</u>			Birth-place <u>W. Va</u>		
Occupation <u>-</u>				Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Widow</u>			Name of Wife or Husband <u>-</u>					
Father's Name <u>-</u>						Father's Birthplace		
Mother's Maiden Name <u>-</u>						Mother's Birthplace		
Name of person giving information <u>Mrs K P Shaffer</u>						How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>6 mo</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr Thos Hoar</u>
	Address <u>St Petersburg</u>
Accident or Suicide?	<u>md</u>



Name
in
Full

Joseph. Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westonport</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>April</i>	Day <i>9</i>	Age <i>About 35</i> Years	Months <i>X</i> Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Do not know</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Roaming around evidently</i>				
Married, Single or Widowed <i>Do not know</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>X</i>	Father's Birthplace <i>X</i>				
Mother's Maiden Name <i>X</i>	Mother's Birthplace <i>X</i>				
Name of person giving information <i>Could not get clue of his relatives</i>	How related to deceased <i>X</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholic poisoning</i>	How long <i>Can not tell</i>
Immediate <i>Heart failure</i>	How long <i>About 5 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J B Shupe</i>
<i>He dropped dead on street</i>	Address <i>[Redacted]</i>
Accident or Suicide?	

11/11/11

Name
in
Full

Elizabeth Mallin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		April	2		70		
Sex	Female		Color or Race	Caucasian		Birth-place	England
Occupation	1000 fr			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband	Bry. Mallin			
Father's Name	John Timmons					Father's Birthplace	England
Mother's Maiden Name	Mary Timmons					Mother's Birthplace	England
Name of person giving information	Herbert Mallin					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart		How long	years
Immediate	Bronchitis -		How long	weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Frostburg		Ind.
Accident or Suicide?				

F. F. Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rose Marley</i>		Town <i>Lanacoring</i>		County <i>Alligany</i>		STATE MARYLAND	
Died at <i>Lanacoring</i>		Date of death <i>1955 April 21</i>		Age <i>30</i>		Months <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Durham Eng</i>		Days <i>8</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Marley</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary A. McPartland</i>				Mother's Birthplace <i>Durham Eng</i>			
Name of person giving information <i>Rose Marley</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Peritonitis</i>	How long	<i>Three weeks</i>
Immediate	<i>Intussusception of small</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. R. Skillings</i>	
Address <i>Lanacoring</i>		Accident or Suicide? <i>No</i>	



Name
in
Full

R. E. Myers.

CERTIFICATE OF DEATH

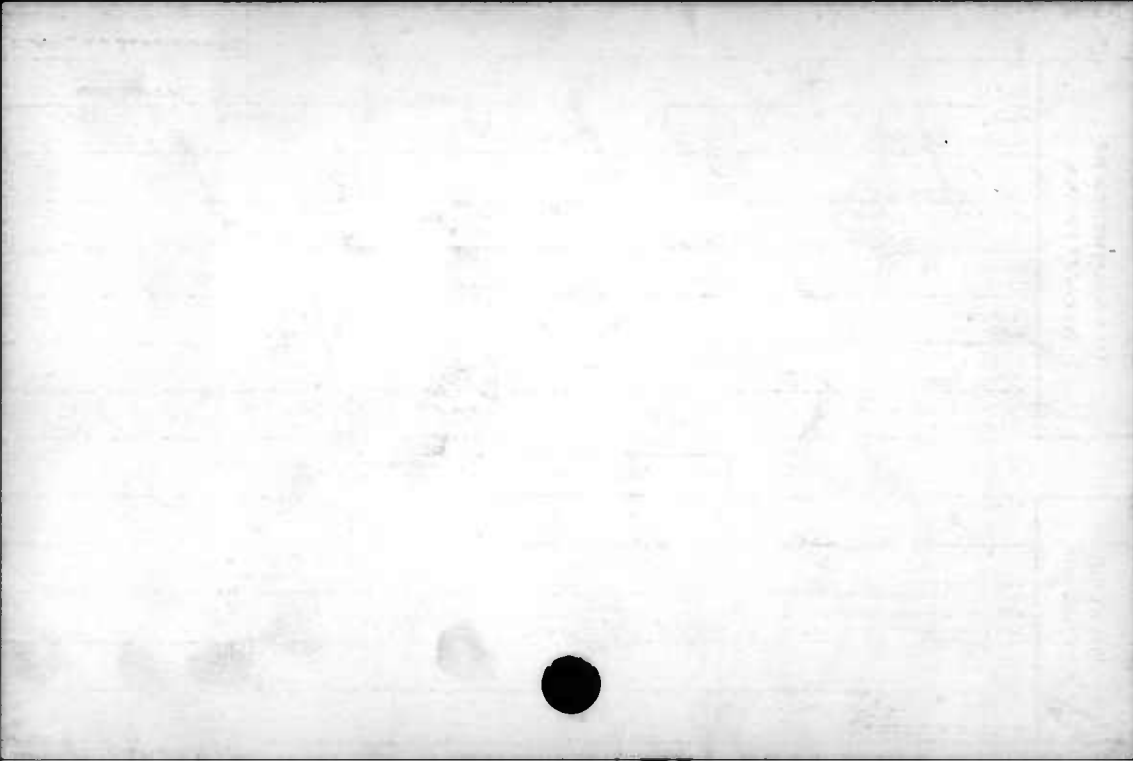
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Cecilyway Co.</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Year</small>	<u>4</u> <small>Month</small>	<u>3</u> <small>Day</small>	<u>40</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Occupation <u>Railroader</u>	Where Residing if not at place of death <u>Brownsville Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>—</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>G. L. Barker</u>	<u>166</u>		How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Accident on R.R. B&O</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes!</u>	Signature of Physician <u>E. B. Laybrook</u>
<u>Broken Neck</u>	Address <u>Cumtland Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Isaac Miller

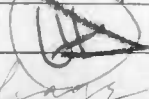
CERTIFICATE OF DEATH

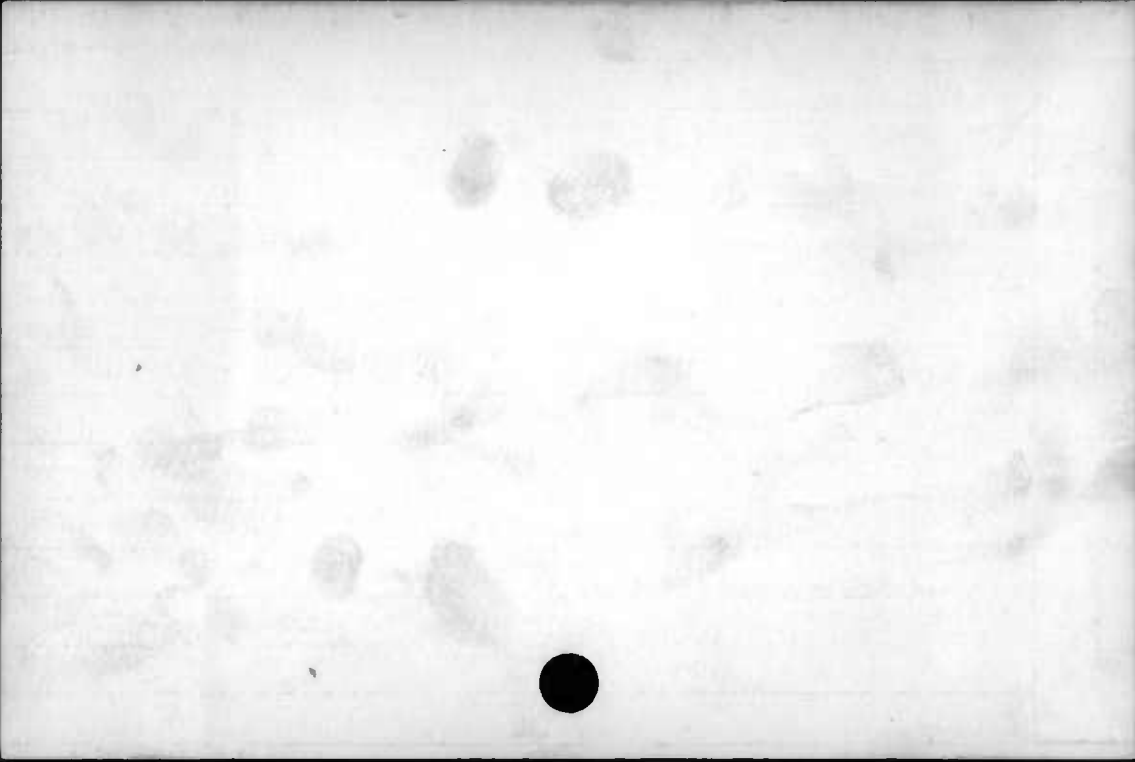
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lonsom</i>			County <i>Allegheny</i>			MARYLAND		
Date of death 1905	Month <i>April</i>	Day <i>23</i>	Age <i>67</i>	Years	Months <i>10</i>	Days <i>18</i>		
Sex <i>Male</i>			Color or Race <i>White</i>			Birth- place <i>Allegheny Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Janitor</i>					
Name of Wife or Husband <i>Mrs. Nancy J. Miller</i>								
Father's Name <i>Isaac Miller</i>						Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sarah Coleman</i>						Mother's Birthplace <i>Allegheny Co.</i>		
Name of person giving In formation <i>Mrs. Isaac Miller</i>						How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate	<i>Cerebral hemorrhage</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Henry M. Hodgson</i>	
	Address <i>Lonsom, Ind.</i>	
Accident or Suicide? <i>_____</i>		



Name
in
Full

CERTIFICATE OF DEATH

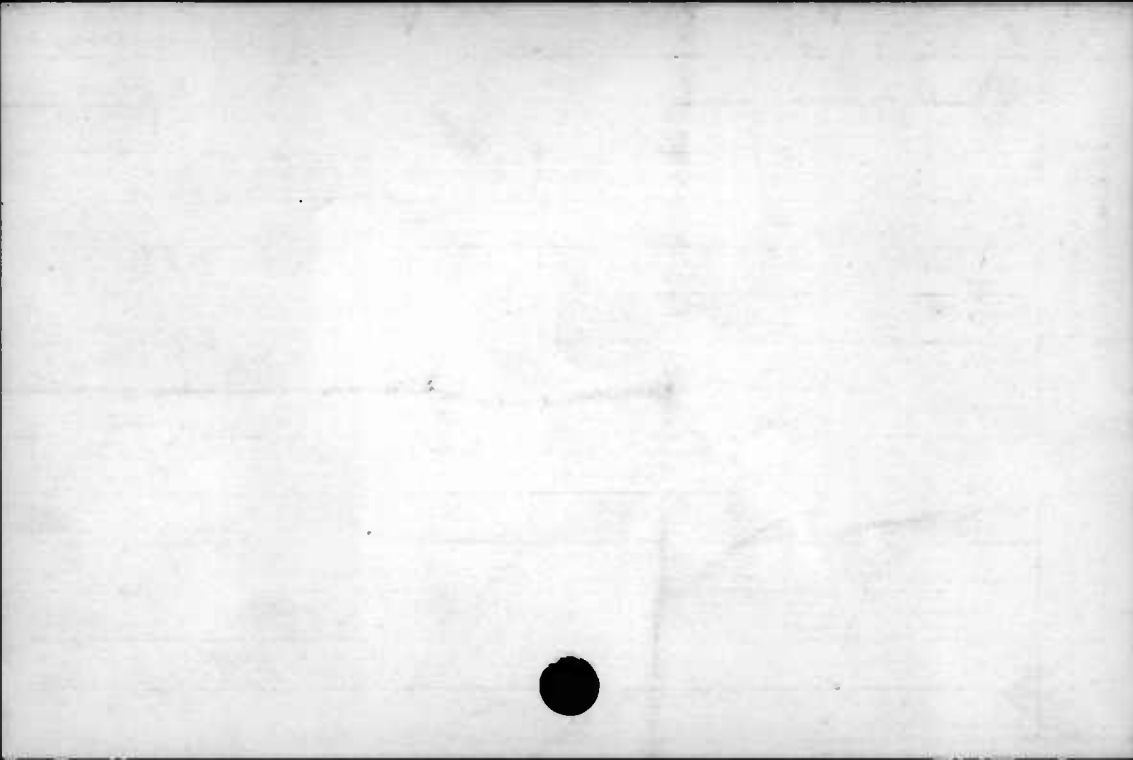
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John I Miller</i>		Town <i>Cumtola</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtola</i>		Month <i>Apr</i>		Day <i>2</i>		Age <i>62</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>	
Occupation <i>retired R.R. Employee</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace					
Mother's Maiden Name <i>—</i>		Mother's Birthplace					
Name of person giving information <i>Henry Schrad</i>		How related to deceased <i>son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>		How long <i>8 ds</i>	
Immediate <i>Paralysis</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr E. B. Claybrook</i>	
		Address <i>Chamberland Stein</i>	
Accident or Suicide? <i>—</i>		<i>Ma</i>	



Name
in
Full

Marion Miller

CERTIFICATE OF DEATH

Town

Died at Cumberland

County

Allegheny

MARYLAND

Date

of death 1905

Month

April

Day

16

Age

Years

-

Months

7

Days

4

Sex

male

Color or
Race

White

Birth-
place

Cumbld

Occupation

-

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Joseph F. Miller

Father's
Birthplace

N. Jersey.

Mother's
Maiden Name

Jennie R. Shaffler

Mother's
Birthplace

Pa

Name of person giving
In formation

Joseph F. Miller

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary & Central Angiostenosis

How long

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

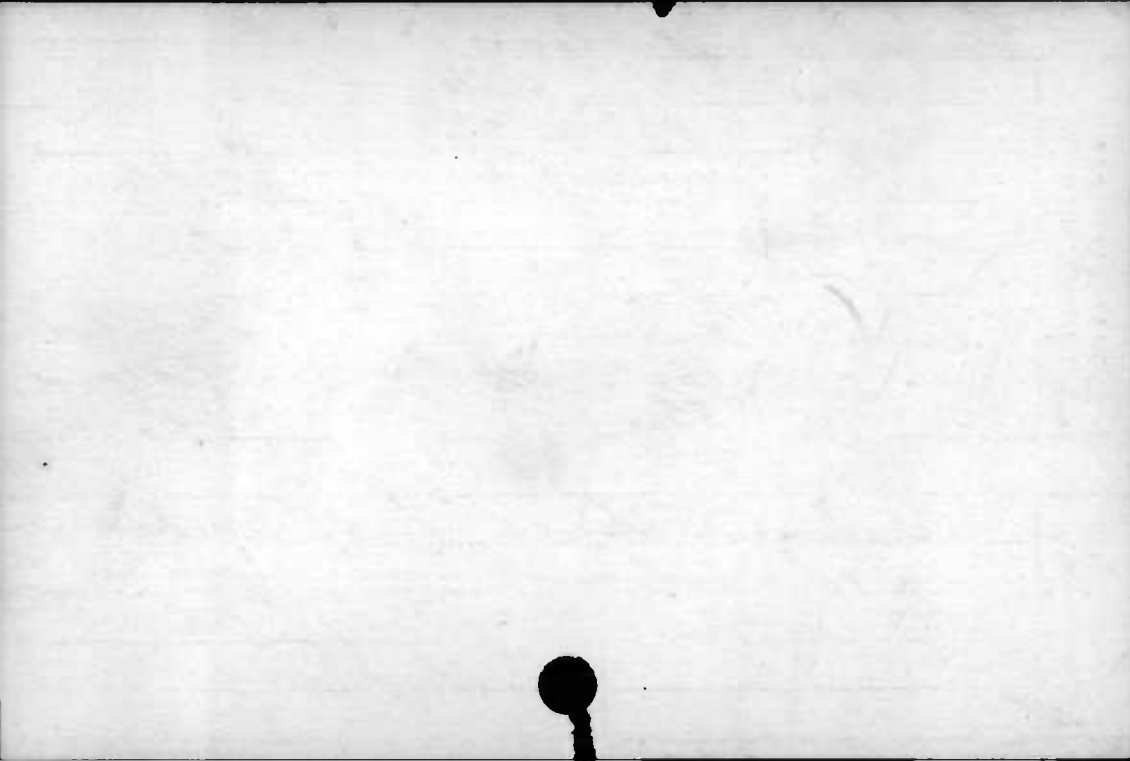
Signature of
Physician

Address

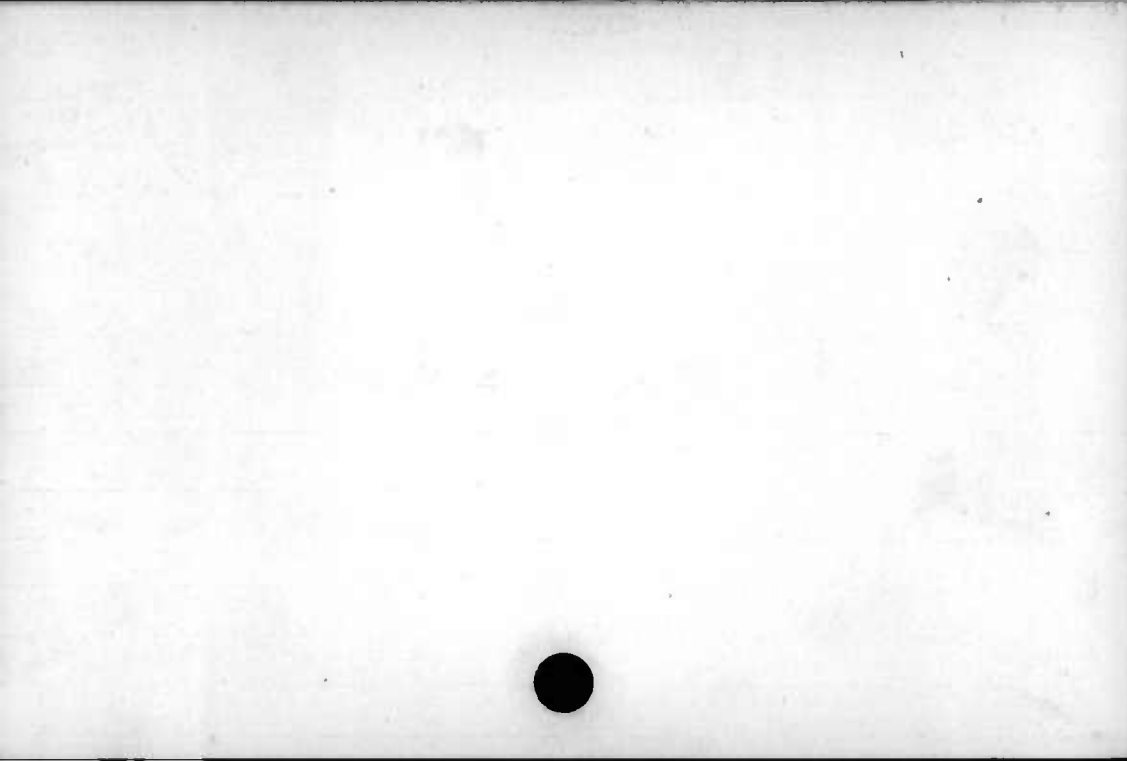
James T. Johnson, M.D.
Cumberland Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cothran</i>		Town <i>Alley</i>		County
	Date of death <i>1905 Apr</i>		Month	Day <i>18</i>	Years <i>33</i>
	Sex <i>M.</i>	Color or Race <i>White</i>	Months		Days
	Occupation <i>Miner</i>	Where Residing if not at place of death		Birth-place <i>Scotland</i>	
	Married, Single or Widowed	Name of Wife or Husband			
	Father's Name <i>Nevins</i>	Father's Birthplace <i>Scotland</i>			
	Mother's Maiden Name <i>Willison</i>	Mother's Birthplace <i>Scotland</i>			
Name of person giving information <i>Wm. Lee</i>		How related to deceased <i>Not related</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Arteriosclerosis of Liver</i>		How long	<i>24 years</i>
	Immediate	<i>Exhaustion</i>		How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature Physician <i>J. Griffith</i>		
			Address <i>Frederick Md</i>		
Accident or Suicide?					



Name
in
Full

Wm. Nicely's Infant

CERTIFICATE OF DEATH

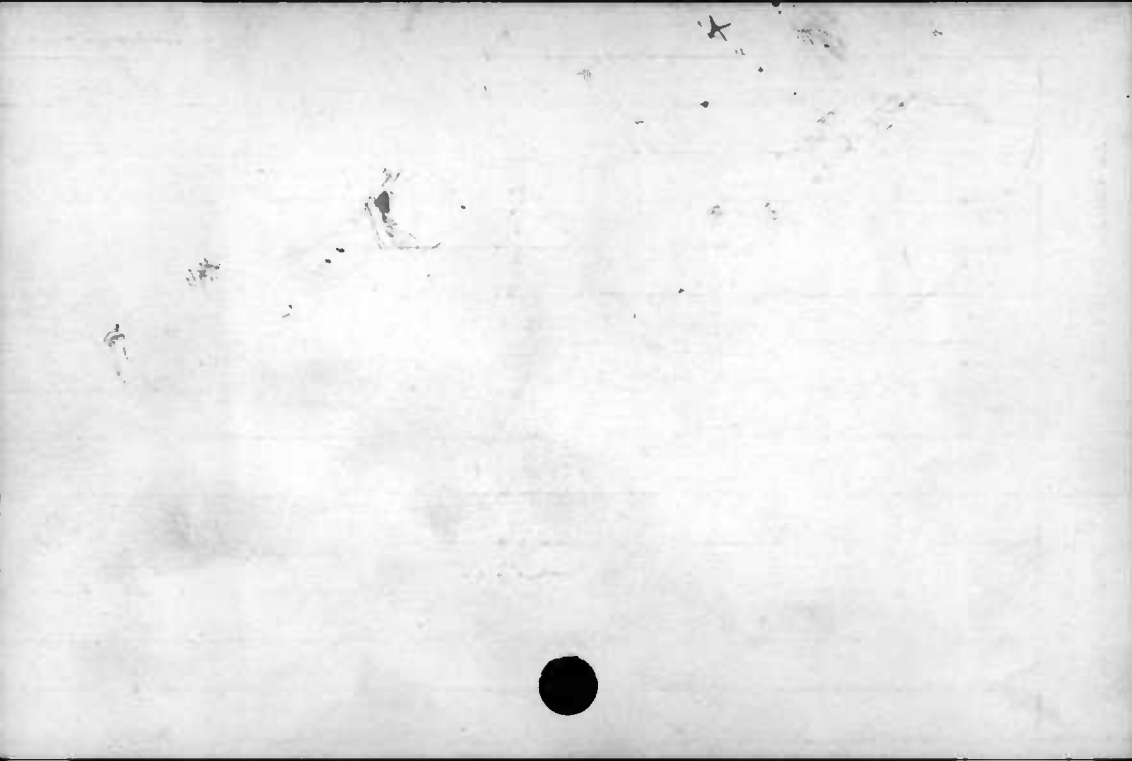
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Wilegamy</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>April</u> ^{Day} <u>29</u>	Age <u>—</u> ^{Years} <u>—</u> ^{Months} <u>—</u> ^{Days} <u>1</u>				
Sex <u>Female</u>	Color or Race <u>white</u>	Birth place <u>Cumberland Md</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm. Nicely</u>	Father's Birthplace <u>Va</u>				
Mother's Maiden Name <u>Susan Rhodes</u>	Mother's Birthplace <u>Mo.</u>				
Name of person giving information <u>Mrs. Wm. Nicely</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Contracted pelvis, prolapsed cord</u>	How long <u>—</u>
Immediate <u>Pressure on cord</u>	How long <u>one hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. D. Duffell & J. Wilson</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Bessie P Norris

CERTIFICATE OF DEATH

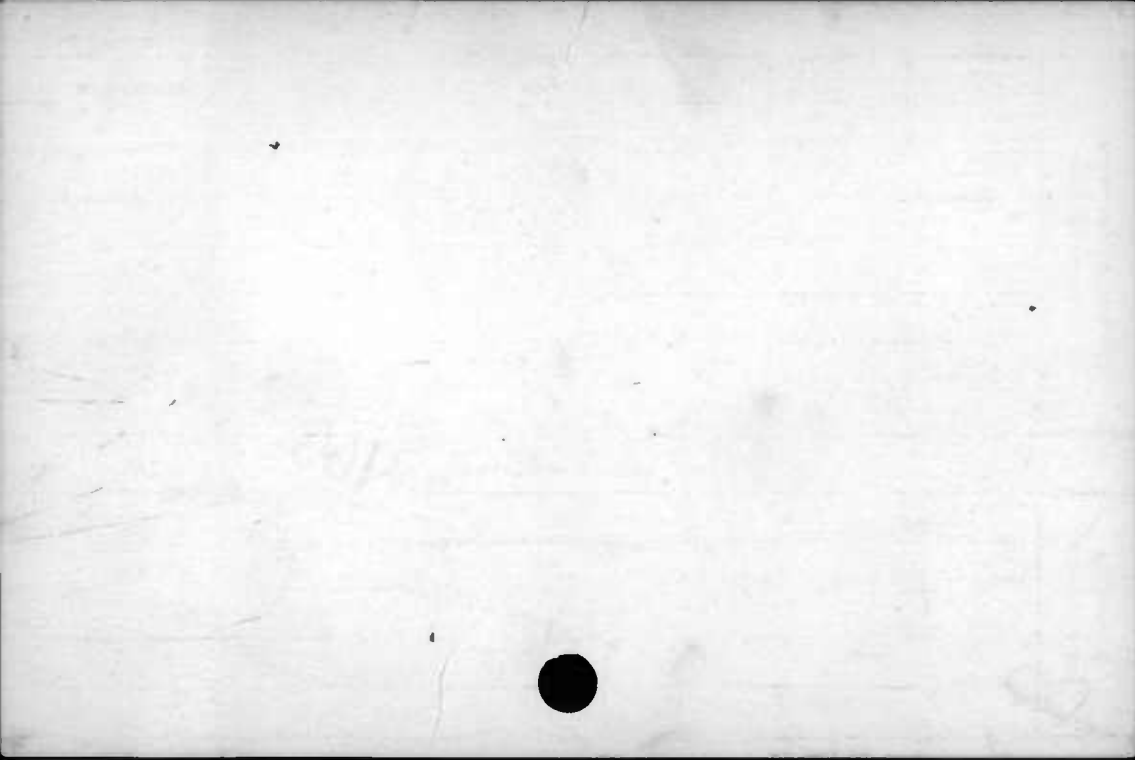
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Amberland		County Allegheny		MARYLAND	
Date of death	1905	Month Apr	Day 22	Age	21	Months	Days
Sex	Female		Color or Race	White		Birth- place	Orleans X Road
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	A. J. Norris				Father's Birthplace	Md	
Mother's Maiden Name	Florence Stollens				Mother's Birthplace	Md	
Name of person giving In formation	Mrs. W. H. Valentine				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 day
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. A. Davis
		Address	Amberland, Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

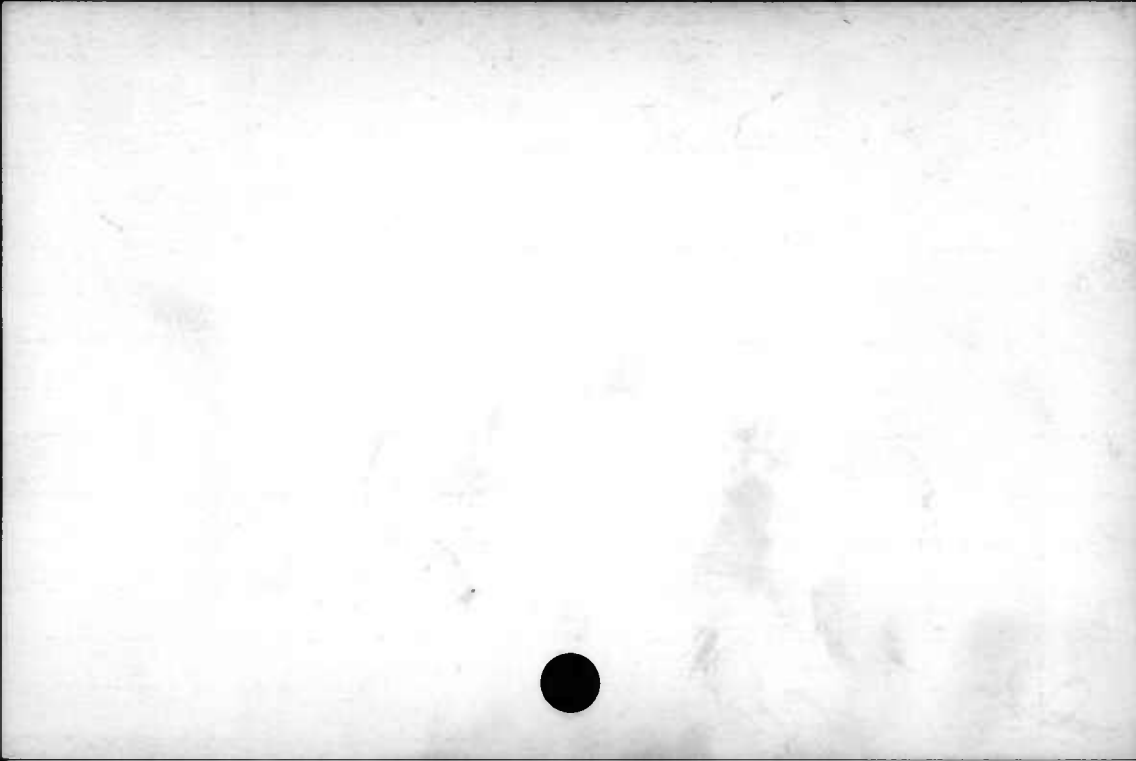
TO BE ANSWERED BY
NEAREST FRIEND

Died at Lanham		County Allegheny		State MARYLAND	
Date of death 1905	Month June	Day 27	Age 47	Years	Months 0 Days —
Sex Male	Color or Race White	Birth-place Lanham			
Occupation Miner	Where Residing if not at place of death Lanham				
Married, Single or Widowed Married	Name of Wife or Husband Theresa Helen				
Father's Name John O'Connor	Father's Birthplace Ireland				
Mother's Maiden Name Bridget Langham	Mother's Birthplace Ireland				
Name of person giving information Thomas O'Connor	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Amputation (thigh) both legs. due R.R. accident,	
Immediate	Shock	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician W.B. Skelling
		Address Lanham
Accident or Suicide?	Accident	



Name
in
Full

Annir Pell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

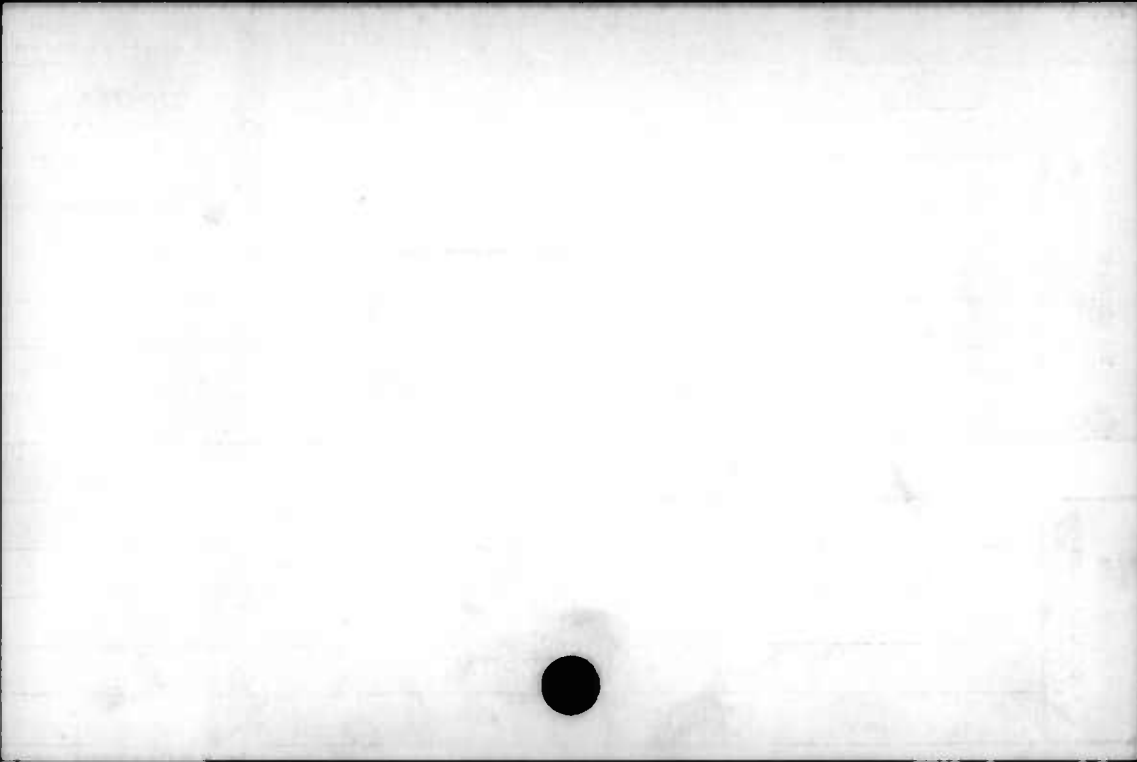
MARYLAND

Died at <u>Lonaconing</u> Town		<u>Alleghany</u> County			
Date of death	<u>1905</u> Month	<u>April</u> Day	Age	<u>63</u> Years	<u>5</u> Months
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Pinto, Nova Scotia</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>John Pell</u>			
Father's Name	<u>William Strachan</u>			Father's Birthplace	<u>Nova Scotia</u>
Mother's Maiden Name	<u>Mary Mc Mullen</u>			Mother's Birthplace	<u>LI LI</u>
Name of person giving Information	<u>Elizabeth Pell</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asthma, La Grippe</u>	How long	<u>4 years, 2 wks.</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Henry M. Hodgson</u>
		Address	<u>Lonaconing, Md.</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Martha Perry

CERTIFICATE OF DEATH

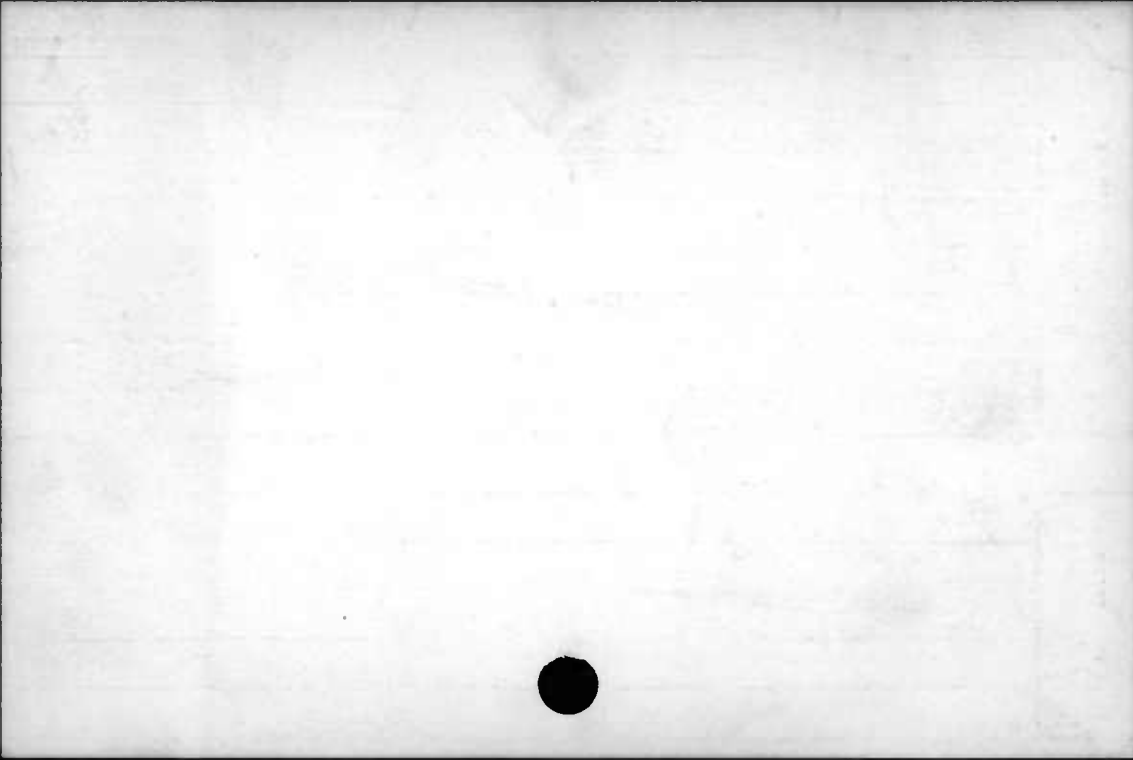
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Green</u> Town		County <u>Alle</u>		MARYLAND	
Date of death	1905	Month <u>April</u>	Day <u>9</u>	Age <u>43</u>	Years <u>43</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Va</u>		
Occupation <u>house wife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>William Perry</u>			How related to deceased <u>Son</u>		

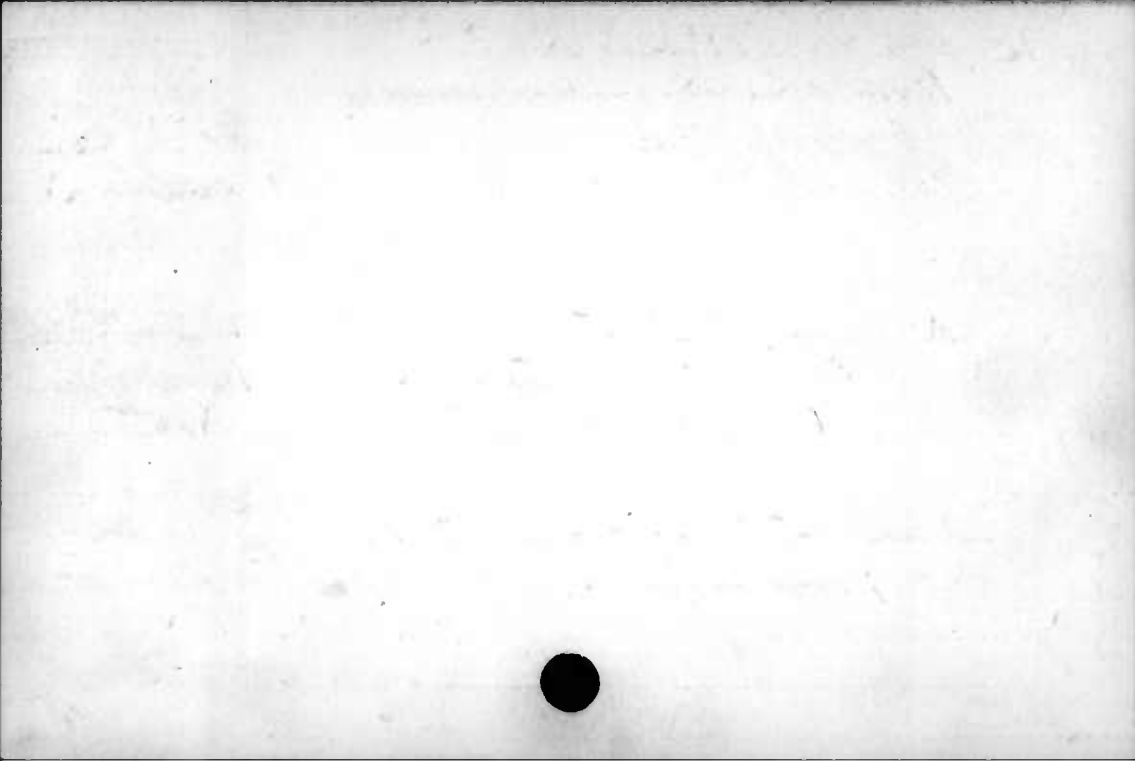
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cycle</u>	How long <u>18 days</u>
Immediate <u>Pneumonia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John J. [illegible]</u>
	Address <u>Camden [illegible]</u>
	<u>Maryland</u>
Accident or Suicide?	



Name in Full		Charles Mulligan Purinton				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland		County Alleghany		MARYLAND		
	Date of death		1905	Month April	Day 23	Age	Years 3	Months 10	
	Sex		male		Color or Race		white		
	Occupation				Birth-place		Cumberland Ind		
					Where Residing if not at place of death				
	Married, Single or Widowed		—		Name of Wife or Husband				
	Father's Name		Orylue B. Purinton				Father's Birthplace		Leu Berg W Va
Mother's Maiden Name		Elizabeth W. Toman				Mother's Birthplace		Cornellville Pa	
Name of person giving information		Elizabeth Purinton				How related to deceased		Mother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		malnutrition - born premature				How long		From birth
	Immediate		convulsions				How long		Few minutes
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address		
					216 ra. Ave.		South Cumberland Ind		
	Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chas A Pagenhardt

Died at		Town <i>Westernport</i>		County <i>Allegany</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		4	13	80		1	18
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Gunsmith							
Married, Single or Widowed				Name of Wife or Husband			
				Angelina Smith Pagenhardt			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Stephen Pagenhardt				Son			

Shake

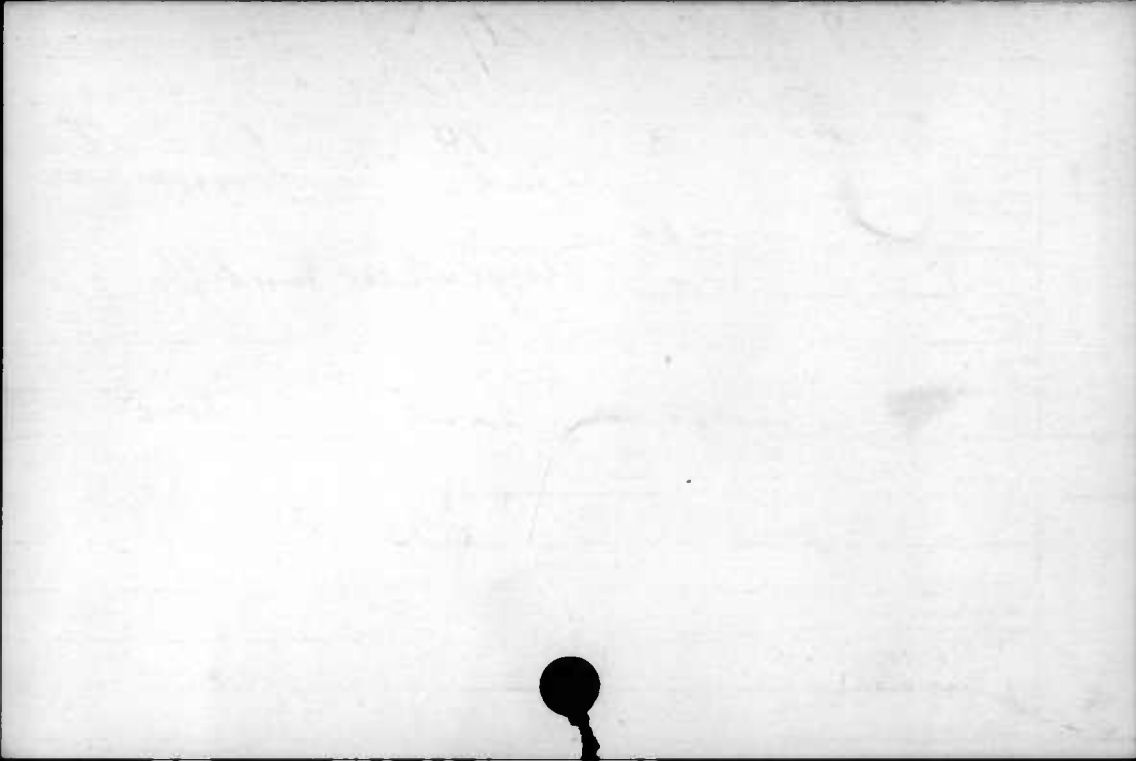
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
<i>Cerebral debility</i>		<i>about 15 months</i>	
Immediate		How long	
<i>exhaustion</i>		<i>3 or 4 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J B Shupe</i>	
Address		<i>Westernport</i>	
Accident or Suicide?		<i>md</i>	

154

Filed 1905



Name
in
Full

Eva L. Rambof

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i>		Town <i>Frostburg</i>		County <i>Alley</i>		MARYLAND	
Date of death <i>1905 Apr 30</i>		Month <i>Apr</i>		Day <i>30</i>		Age <i>11 3</i>	
Sex <i>F</i>		Color or Race <i>W</i>		Birth-place <i>Frostburg</i>		Months <i>11</i> Days <i>3</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>X</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Rambof</i>				Father's Birthplace <i>Westminster Md</i>			
Mother's Maiden Name <i>Lydia Waxler</i>				Mother's Birthplace <i>Frostburg Md</i>			
Name of person giving information <i>Wm Rambof</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brain Pneumonia</i>	How long <i>4 mos</i>
Immediate <i>Convulsions</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Frostburg Md</i>
Accident or Suicide? <i>—</i>	

BM

German Lutheran Cemetery -
Jost

Name
in
Full

Thomas Edward Reed

CERTIFICATE OF DEATH

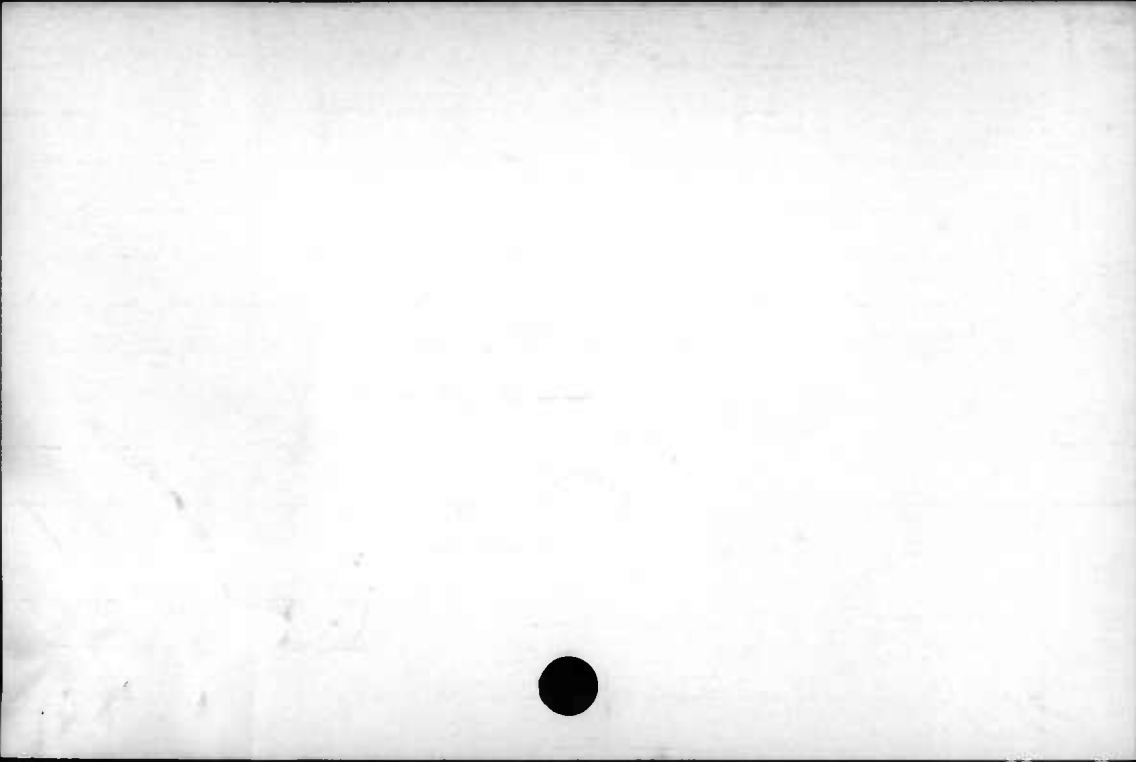
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Savage</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190	<u>5</u> ^{Month}	<u>3</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>3</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Mt. Savage, Md.</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Chas. Thos. Reed</u>			Father's Birthplace <u>Conowingo, Md.</u>		
Mother's Maiden Name <u>Myrtle May Fleegle</u>			Mother's Birthplace <u>Conowingo, Md.</u>		
Name of person giving information <u>Chas. Thos. Reed</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Premature labor</u>	How long <u>1 month (Early)</u>
Immediate	<u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Edward Quarks</u>
		Address <u>Mt. Savage, Md.</u>
Accident or Suicide? <u> </u>		



Name
In
Full

Flossie H. Rice

CERTIFICATE OF DEATH

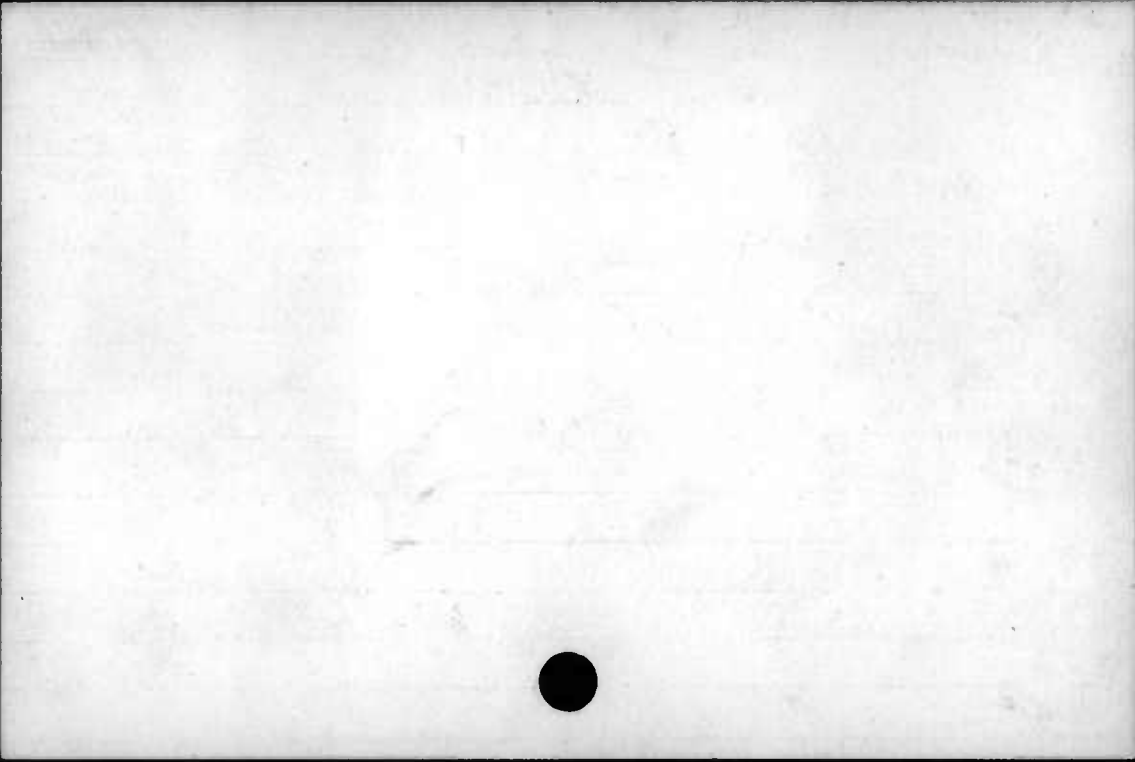
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burton</u>		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Apr</u>	Day <u>30</u>	Years <u>31</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Frankfort</u>		
Occupation <u>wife</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>married</u>		Name of Husband <u>M. O. Rice</u>			
Father's Name <u>D. W. West</u>			Father's Birthplace <u>W. Va</u>		
Mother's Maiden Name <u>Ella V. Burk</u>			Mother's Birthplace <u>W. Va</u>		
Name of person giving information <u>M. O. Rice</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 wks -</u>
Immediate <u>Hemorrhage from lungs</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. W. Hodgson</u>
	Address <u>-</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

John F Rose

CERTIFICATE OF DEATH

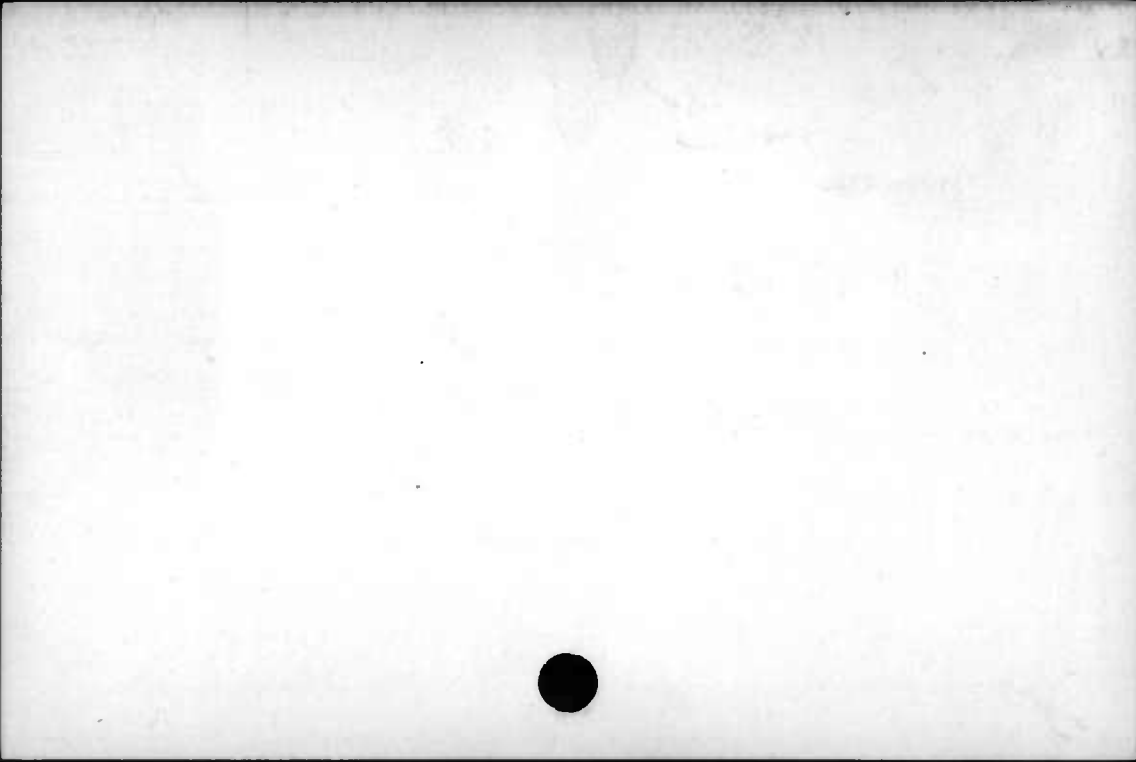
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1905	Month Apr	Day 27	Age 60	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Cumberland
Occupation	Ignitor			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Bathrine Rose			
Father's Name	Decease					Father's Birthplace	—
Mother's Maiden Name	Bunce					Mother's Birthplace	—
Name of person giving In formation	Joseph F Rose					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cirrhosis of Liver	How long	one year
Immediate	Exhaustion	How long	several months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	James Wilson
		Address	Cumberland Md
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

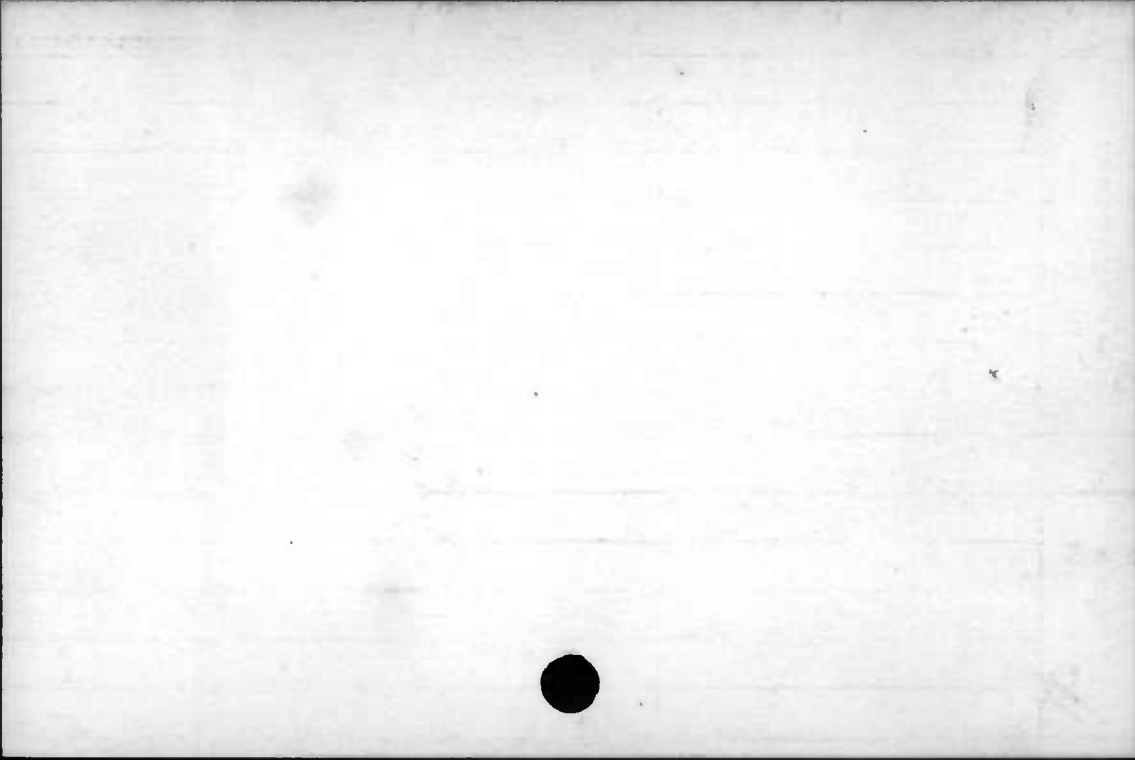
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Apr.	24	Age	49		
Sex	Male	Color or Race	White	Birth-place			
Occupation	Shipping Clerk			Where Residing if not at place of death			
Married, Single or Widowed	Bachelor			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
H. Stein.				None.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Consumption	How long	18 mo
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. J. Wilson	
		Address	
		17 Cumberland	
		Md.	
Accident or Suicide?			



Name
in
Full

Mary C Snapp

CERTIFICATE OF DEATH

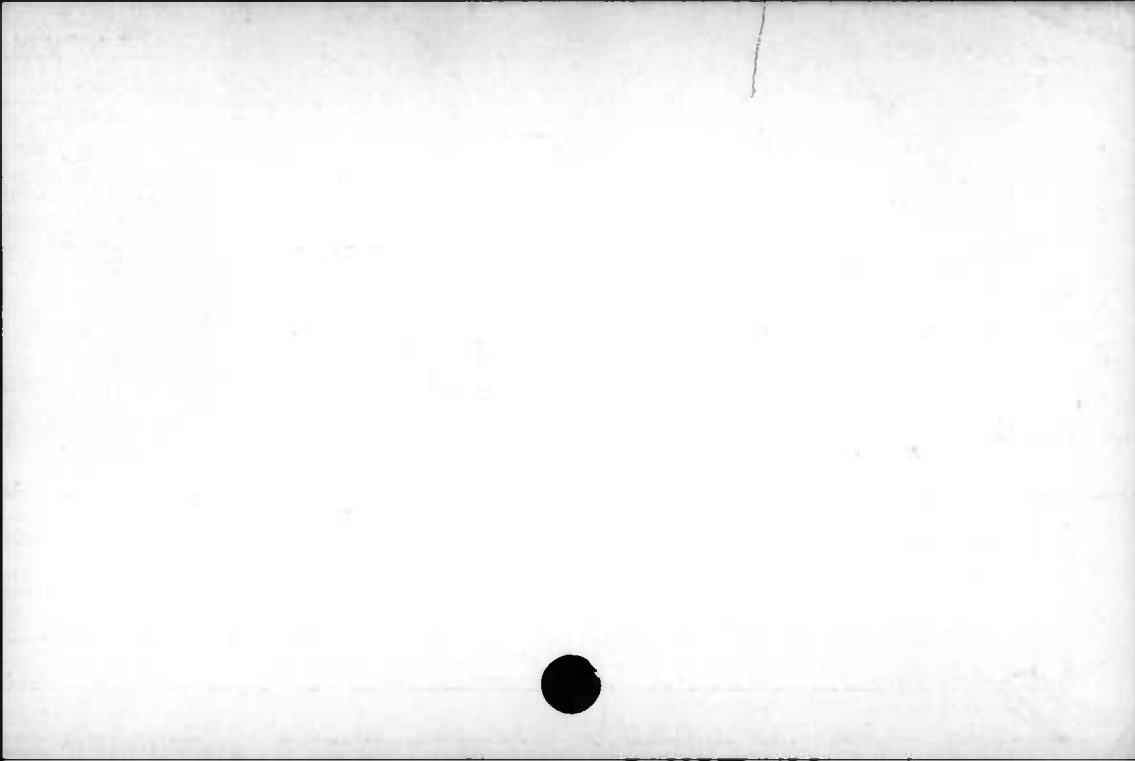
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> Town		<i>Alligany</i> County		MARYLAND	
Date of death 1905	Month <i>April</i>	Day <i>13</i>	Years <i>about 65</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Shenandoah Co, Va.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>seamstress</i>			
Name of Wife or Husband <i>✓</i>					
Father's Name <i>✓</i>		Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>✓</i>		Mother's Birthplace <i>✓</i>			
Name of person giving information <i>Wm Miller</i>		How related to deceased <i>no relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>3 days</i>
Immediate <i>Uraemic Coma</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>I think so</i>	Signature of Physician <i>J. Boucher</i>
<i>Nothing definite can be learned regarding Accident or Suicide? <i>family history</i></i>	Address <i>Barton Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John William Strauss</i>		Town <i>Lord</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		<i>1905 - April 24</i>		<i>15</i>		<i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Elk Garden W. Va.</i>		Days <i>26</i>	
Occupation <i>Miner</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>William Strauss</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Louisa Buskey</i>				Mother's Birthplace <i>Lonaconing</i>			
Name of person giving information <i>Mrs. Wm Strauss</i>				How related to deceased <i>Mother</i>			

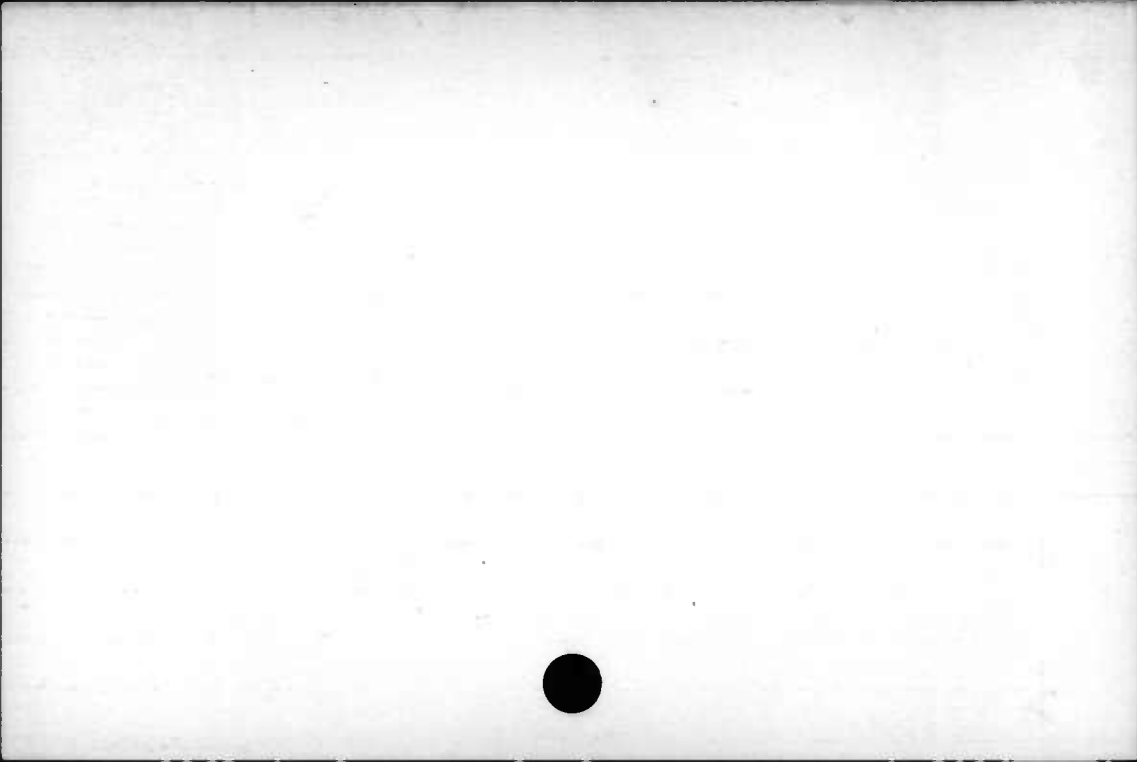
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Gunshot wound of brain -</i>		How long <i>since Jan 2nd last</i>	
Immediate Cause <i>Convulsions -</i>		How long <i>10 min</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock</i>	
		Address <i>Lonaconing Maryland</i>	
Accident or Suicide? <i>Accident</i>			

George William Strauss

Name in Full		George Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Sinaconing				Allegheny		
		Date of death		Month	Day	Years	Months	Days
		1905		April	2nd	82		
		Sex		Color or Race		Birthplace		
Male		White		England				
Occupation		Where Residing if not at place of death						
miner								
Married, Single or Widowed		Name of Wife or Husband						
Married		Marina		Elizabeth Jones				
Father's Name		John Thomas		(Benjamin England)		Father's Birthplace		
England						England		
Mother's Maiden Name		Betsey		Mother's Birthplace		England		
England								
Name of person giving information		Elizabeth Thomas		How related to deceased		Wife		
England								
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Diarrhea		How long		
		Exhaustion		2 years				
		Immediate		How long		Two days -		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		James O. Bullock
				Address		Sinaconing Maryland		
Accident or Suicide?		no						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Barton</i> Town		County <i>Allegheny</i>	
		Date of death 190 <i>5</i> Month <i>April</i> Day <i>9</i>		Age <i>38</i> Years Months <i>1</i> Days <i>9</i>	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Allegha Md.</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>H.W.</i>	
		Name of Wife or Husband <i>Michael Thompson</i>		Father's Birthplace <i>Ireland</i>	
		Mother's Maiden Name <i>Katharine Hammers</i>		Mother's Birthplace <i>Pa</i>	
		Name of person giving information <i>John Thompson</i>		How related to deceased <i>Brother</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Chronic Articular Rheumatism</i>	How long <i>About one year</i>		
		Immediate <i>Pericarditis</i>	How long <i>fell dead</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>St Boncher</i>	
				Address <i>Barton, Md</i>	
		<input checked="" type="checkbox"/> Accident or Suicide?			

Page 10 of 10



Name
in
Full

Daniel Harrison Warrick

CERTIFICATE OF DEATH

Died at *Moscow* Town*Allegheny* County

MARYLAND

Date of death *1905* Month *April* Day *9* Age *—* Years *—* Months *—* Days *9*Sex *male* Color or Race *white* Birth-place *Moscow*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Harry Warrick*Father's Birthplace *Laurel Hill*Mother's Maiden Name *Mary Linney*Mother's Birthplace *Pekin Md*Name of person giving information *Mrs Mary Warrick*How related to deceased *mother*

CAUSES OF DEATH

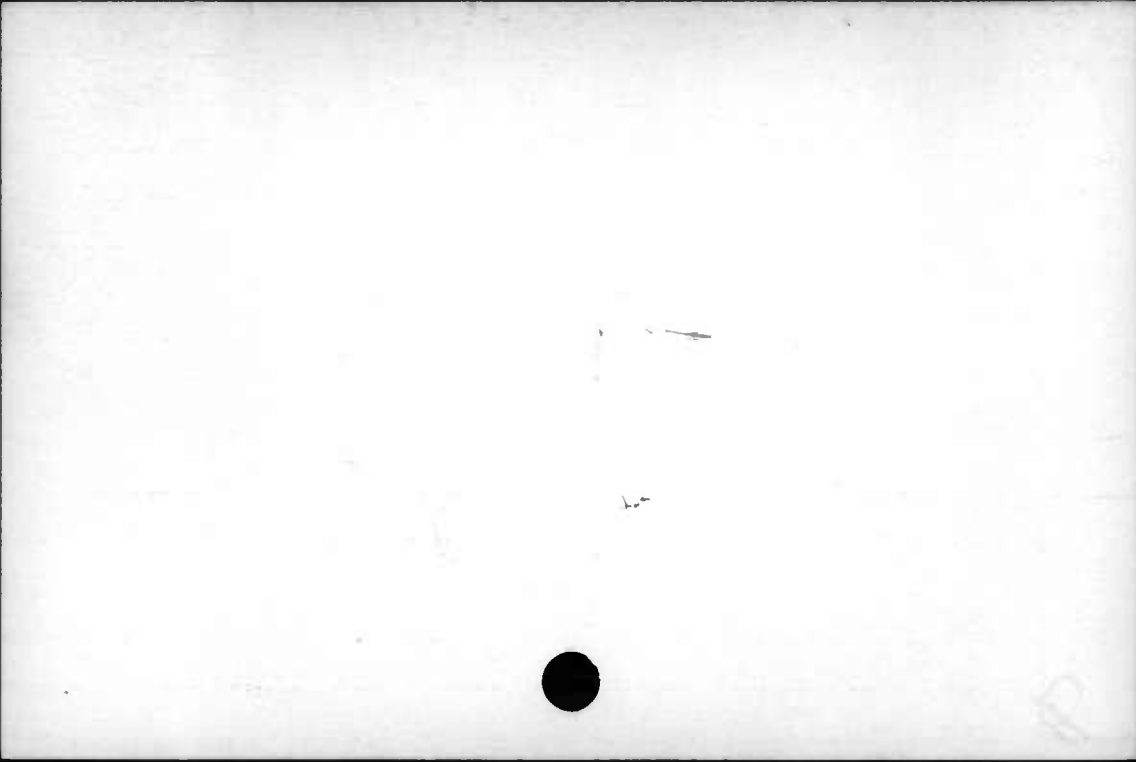
Primary *Marasmus*How long *9 days*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

James O. Bullock

Address

*Long & coming*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

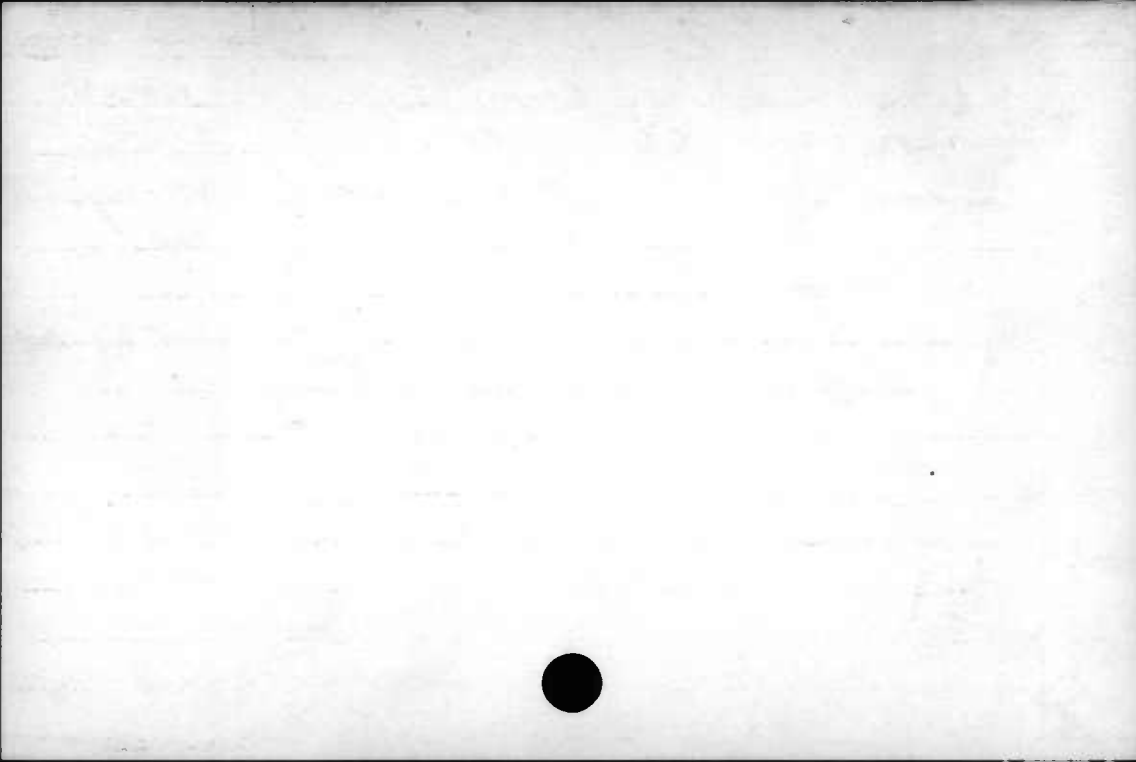
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Sungul Weinberg		Town Lawrenceville		County Allegany		State MARYLAND	
Died Lawrenceville		Date of death 1905 April 20		Age 66		Months —	
Sex Male		Color or Race White		Birth-place Poland		Days —	
Occupation Student		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Joseph Weinberg		Father's Birthplace Poland					
Mother's Maiden Name Rebecca Fink		Mother's Birthplace Poland					
Name of person giving information Joseph Weinberg		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Myocardial Regurgitation	How long 19	One month
Immediate Hydrophobic Cardium	How long 48 hours	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. R. Skilling	
	Address Lawrenceville	
Accident or Suicide? No		



Name
in
Full

Sarah G. White

CERTIFICATE OF DEATH

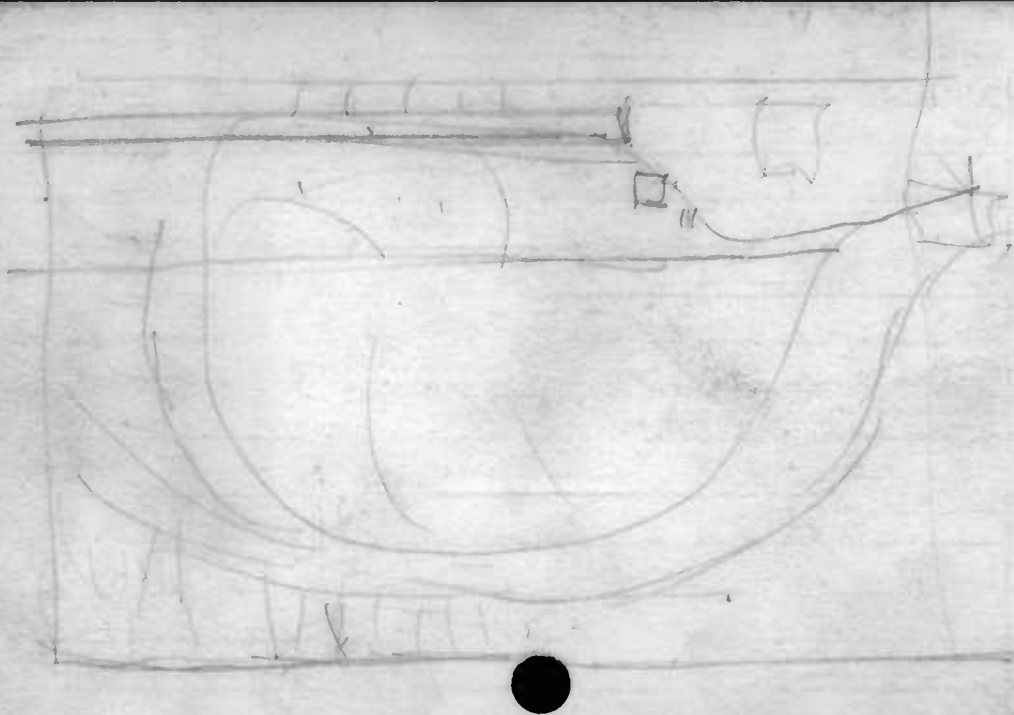
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland Md.</i>		County <i>Ceccegray</i>		MARYLAND	
Date of death	1905	Month	24	Day	24
Age		59		Months	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Harpers Ferry.</i>	
Where Residing if not at place of death			<i>Cumtland Md</i>		
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		
Father's Name	<i>Bani G. White</i>		Father's Birthplace	<i>Ganett Co Md</i>	
Mother's Maiden Name	<i>Sarah Gator</i>		Mother's Birthplace		
Name of person giving information	<i>G. R. & H. G. White</i>		How related to deceased		

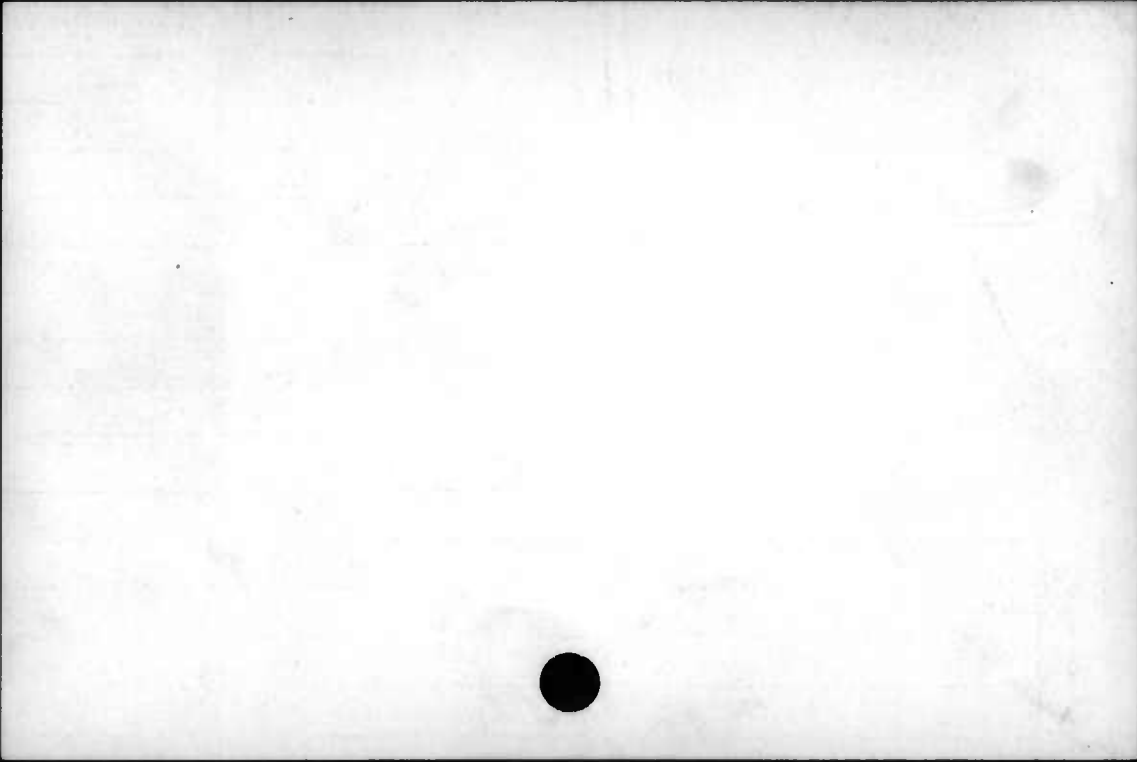
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>5 yrs</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. B. Delaney</i>	
		Address	
		<i>Cumtland Md</i>	
Accident or Suicide?			



Name in Full		Melvin Whitmire				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Cumberland		County Allegany		MARYLAND	
	Date of death	1905	Month April	Day 3	Age —	Months —	Days 1
	Sex	Male		Color or Race	White		Birth- place
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Edgar P Whitmire			Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name		Helen E. Saltyards			Mother's Birthplace	
	Name of person giving In formation		Mother			How related to deceased	
	CAUSES OF DEATH						
	Primary	Malformation of Heart				How long	1 day
Immediate	Exhaustion				How long	1 day	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		no		Cumberland Md		



Name
in
Full

Althea Violet Williams



CERTIFICATE OF DEATH

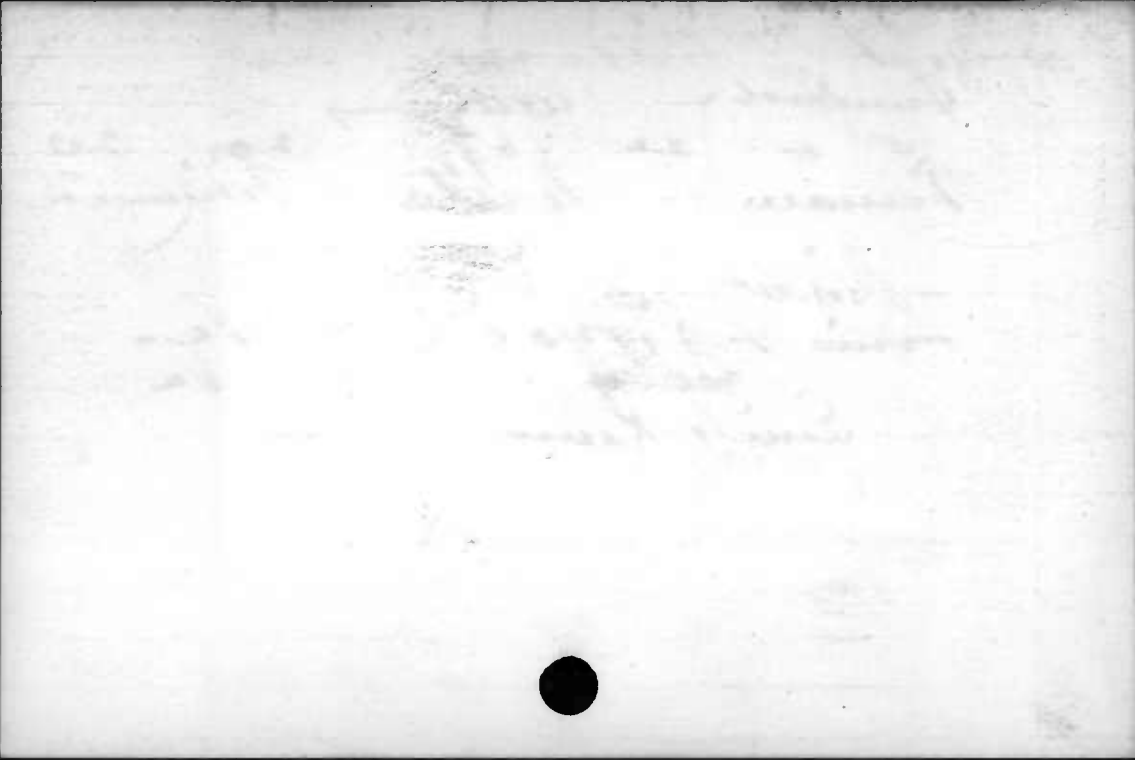
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death	1905	Month April	Day 20	Age Years 11	Months —	Days —	
Sex	Female		Color or Race	White		Birth- place	Cumberland
Occupation	School Girl			Where Residing if not at place of death		—	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Henry T. Williams					Father's Birthplace	England
Mother's Maiden Name	Jane Phillips					Mother's Birthplace	Alleghany, Md.
Name of person giving information	Webster Williams					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	2 weeks
Immediate	meningitis	How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. J. Duke	
Address		Cumberland Md	
			
			
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

County

MARYLAND

Day

Age

Months

Days

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband _____

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

of the
Hesperia
Hesperia
Hesperia

Name
in
Full

Unknown Italian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumberland* ^{Town}*Allegheny* ^{County}

MARYLAND

Date of death *1905 Apr.* ^{Month}*24* ^{Day}Age *Years**Months**Days*Sex *Male*Color or Race *Italian*

Birth-place

Occupation *Laborer*

Where Residing if not at place of death

*N. Branch*Married, Single or Widowed *—*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

F. A. Stein

How related to deceased

None

CAUSES OF DEATH

Primary

160

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thos. H. Brown

Address

*Cumbersburg Md**Accident*

Accident or Suicide?

PHYSICIAN
OR CORONER

